

***Wellstart International  
Expanded Promotion of  
Breastfeeding (EPB) Program***

**Final Report (1991-1996)**

***December 1996***

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*This activity was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. DPE-5966-A-00-1045-00. The contents of this document do not necessarily reflect the views or policies of USAID.*

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## ***List of Acronyms***

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ACC/SCN	Administrative Committee on Coordination/Subcommittee on Nutrition
AED	Academy for Educational Development
AED-NET	AED NIS Exchanges and Training Project
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	Acquired Immune Deficiency Syndrome Control and Prevention Project
AKF	The Aga Khan Foundation
ANE	Asia and the Near East
APHA	American Public Health Association
ARI	Acute respiratory infection
ARUGAAN	Philippines Community Breastfeeding Organization (means “to nurture fully” in Filipino)
AVAMS	Association Volontaire d’Allaitement Maternal au Senegal
BFHI	Baby-Friendly Hospital Initiative
BHR	Bureau of Humanitarian Response (USAID)
BUNSO	Balikatan at Ungnayang Naglalayong Sumagip sa Sanggol, a coalition of NGOs supporting breastfeeding (Philippines). An acronym meaning “the youngest, the one who is breastfed.”
CALMA	Centro de Apoyo de Lactancia Materna (El Salvador)
CAR	Central Asian Republics
CBD	Community-based distributor
CCR	Centro de Capacitación y Recursos (Bolivia)
CDC	Centers for Disease Control and Prevention
CDD	Control of diarrheal disease
CEA	Cost-effectiveness analysis
CENLAM	Centro de Capacitacion de Lactancia Materna (Mexico)
CLAP	Latin American Perinatology Center
COAN	Child Association of Nigeria
COTALMA	Comite Tecnico de Apoyo a la Lactancia Materna - Bolivia
CRHCS	Commonwealth Regional Health Community Secretariat
CRS	Catholic Relief Services
CTO	Cognizant technical officer
DGAMI	Directorate General of the Maternal Child Health (Mexico)
DESAPER	Project for the Development of Maternal, Perinatal, and Child Health in Local Health Systems with Community Participation
DHS	Demographic and Health Surveys
DOH	Department of Health
DOU	Document of Understanding
ECSA	Eastern, Central, and Southern Africa
ENI	Europe and the Newly Independent States Bureau (USAID)
EPB	Expanded Promotion of Breastfeeding Program
EPI	Expanded Program on Immunization
EPS	Education Pour la Santé (Senegal)
FFP	Food for Peace (USAID/BHR)
FHI	Family Health International
FMS	Faculty of Medical Sciences (Honduras)
FWCW	Fourth World Conference on Women
HHRAA	Health and Human Resources Analysis for Africa Project
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus

HMIS	Health Management Information System
HSA	Health sector assessment
IBFAN	International Baby Food Action Network
IBRD	International Bank for Reconstruction and Development
ICMH	International Centre for Migration and Health
ICN	International Conference on Nutrition
ICPD	International Conference on Population and Development
IEC	Information, Education, Communication (= Social Marketing)
IEF	International Eye Foundation
IHSS	Honduras Social Security Institute
IMSS	Mexico Social Security Institute
INCAP	Instituto de Nutricion de Centro America y Panama (Central America)
IRC	International Rescue Council
IRH	Institute for Reproductive Health, Georgetown University
ISRHML	International Society for Research on Human Milk and Lactation
JHU/PCS	John Hopkins University/Population Communication Services
JSI	John Snow International, Inc.
KAP	Knowledge, attitude, and practice
LAC	Latin America and Caribbean
LAC-HNS	Latin America and Caribbean-Health & Nutrition Sustainability Project
LACT	Lactation Trends
LAM	Lactational amenorrhea method
LBW	Low birth weight
LLL	La Leche League
LLLI	La Leche League International
LLL/G	La Leche League (Guatemala)
LLL/H	Liga de Lactancia Materna (Honduras)
LLL/M	Liga de Lactancia Materna (Mexico)
LMC	Lactation Management Curriculum: A Faculty Guide for Schools of Medicine, Nursing, and Nutrition
LME	Lactation Management Education
MADLAC	Monitoreo de Apoyo Directo con la Lactancia en los Hospitales
MCH	Maternal and child health
MIS	Management Information Systems
MOH	Ministry of Health
MOPH	Ministry of Public Health
MSH	Management of Science & Health
NBC	National Breastfeeding Committee
NBFPP	National Breastfeeding Promotion Program (Cameroon)
NCCCD	Nigeria Combatting Childhood Communicable Disease
NCIH	National Council on International Health
NGO	Non-governmental organization
NIS	Newly Independent States
NNGO	Nigerian non-governmental organization
OFDA	Office of Foreign Disaster Assistance
OYB	Operational year budget
PAHO	Pan American Health Organization
PCU	Program coordinating unit
PHNC	Population, Health, and Nutrition Center (USAID)
PNI	Pakistan NGO Initiative

PRAIL	Plan Regional de Acciones Integradas en Lactancia Materna
PRITECH	Technologies for Primary Health Care
PVC	Private Voluntary Coordination (USAID/BHR)
PVO	Private voluntary organization
RESSCA	Regional Meeting of Ministers of Health of Central America
RHIWG	Reproductive Health Indicators Working Group
RIM	Rwandan Integrated Maternal/Child Health and Family Planning Project
SANAS	Applied Nutrition Service of the Ministry of Health and Social Action (Senegal)
SESPAS	Public Health and Social Assistance (Dominican Republic)
SOH	Secretariat of Health
SNAF	Société Nationale pour l'Action Sociale (Rwanda)
TAF	The Asia Foundation
TAG	Technical advisory group
TBA	Traditional birth attendant
TOT	Training-of-trainers workshop
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNCED	United Nation Conference on Environment and Development
UNICEF	United Nations Childrens Fund
URC	University Research Corporation
USAID	United States Agency for International Development (Overseas Mission)
VHW	Village health worker
WABA	World Alliance for Breastfeeding Action
WBW	World Breastfeeding Week
WFD	World Food Programme
WGPL	Women of Georgia for Peace and Life
WHO	World Health Organization
WHO/EURO	WHO/Regional Office for Europe
WINS	Weaning and Infant Nutrition Support Project
WNIS	Western Newly Independent States
WSSD	World Summit for Social Development
YASIA	Yayasan Air Susu Ibu, an NGO (Indonesia)



## ***Section 1: Overview***

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## ***Overview of the Wellstart EPB/USAID Cooperative Agreement***

Breastfeeding promotion is a highly cost-effective intervention that contributes to the U.S. Agency for International Development's (USAID) maternal health and child survival objectives. Breastfeeding saves about six million lives of infants annually and has the potential to save an additional one to two million infant lives if practiced exclusively. Breastfeeding also significantly contributes to reduced fertility worldwide. A recent study by the Latin America and Caribbean Health and Nutrition Sustainability (LAC/HNS) project showed that, by even the most conservative standards, breastfeeding promotion was one of the most cost-effective interventions for child survival, comparable to other conventional practices such as immunizations and oral rehydration therapy. Breastfeeding's impact is felt at an earlier age and is greater than that of oral rehydration therapy. Unlike immunizations, breastfeeding does not necessitate links with health services.

Despite these widely acknowledged benefits of breastfeeding (see also Figure 1), infant feeding practices throughout the world are suboptimal. These suboptimal practices contribute to increased infant morbidity and mortality, reductions in the world's food supply, and increased population growth. Of particular concern is the low prevalence of exclusive breastfeeding. Although breastfeeding is a cultural norm throughout much of the world, for the most part, this norm does not include exclusive breastfeeding until the infant is about six months of age.

To foster optimal breastfeeding practices, Wellstart International, through its Lactation Management Education (LME) and Expanded Promotion of Breastfeeding (EPB) programs, has played a pioneering role in USAID's initiative to expand breastfeeding promotion, protection, and support. Wellstart's breastfeeding promotion programs contribute to USAID's Population, Health, and Nutrition Center (PHNC) strategic objectives of: increased use of key child health and nutrition interventions; increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive interventions; and, increased use by women and men of voluntary practices that contribute to reduced fertility.

The EPB Program was established in late 1991 through a Cooperative Agreement between USAID's Office of Health and Nutrition and Wellstart International to expand and enhance the work being done worldwide by Wellstart International staff, Wellstart Associates in the field, and others to promote optimal breastfeeding practices. It was envisioned that the program would help Wellstart strengthen its global "network of excellence" and broaden its capability to more effectively pursue its organizational mission: promoting family health through the global promotion of breastfeeding. In addition, it was anticipated that the EPB Program would allow Wellstart to expand its support for the design, implementation, and evaluation of multi-sectoral, integrated national programs that reach beyond hospitals and into communities to promote breastfeeding.

The main purpose of the EPB Program was to provide technical assistance to countries, organizations, and institutions to further breastfeeding promotion efforts using innovative strategies and approaches. While Wellstart EPB/USAID's Cooperative Agreement emphasized program intervention, the overarching goal was not just to undertake program activities, but to "test, expand, refine, and monitor practical and successful approaches to promoting and supporting optimal breastfeeding practices," and to increase knowledge of breastfeeding trends, key breastfeeding interventions, and cost-effectiveness of interventions.

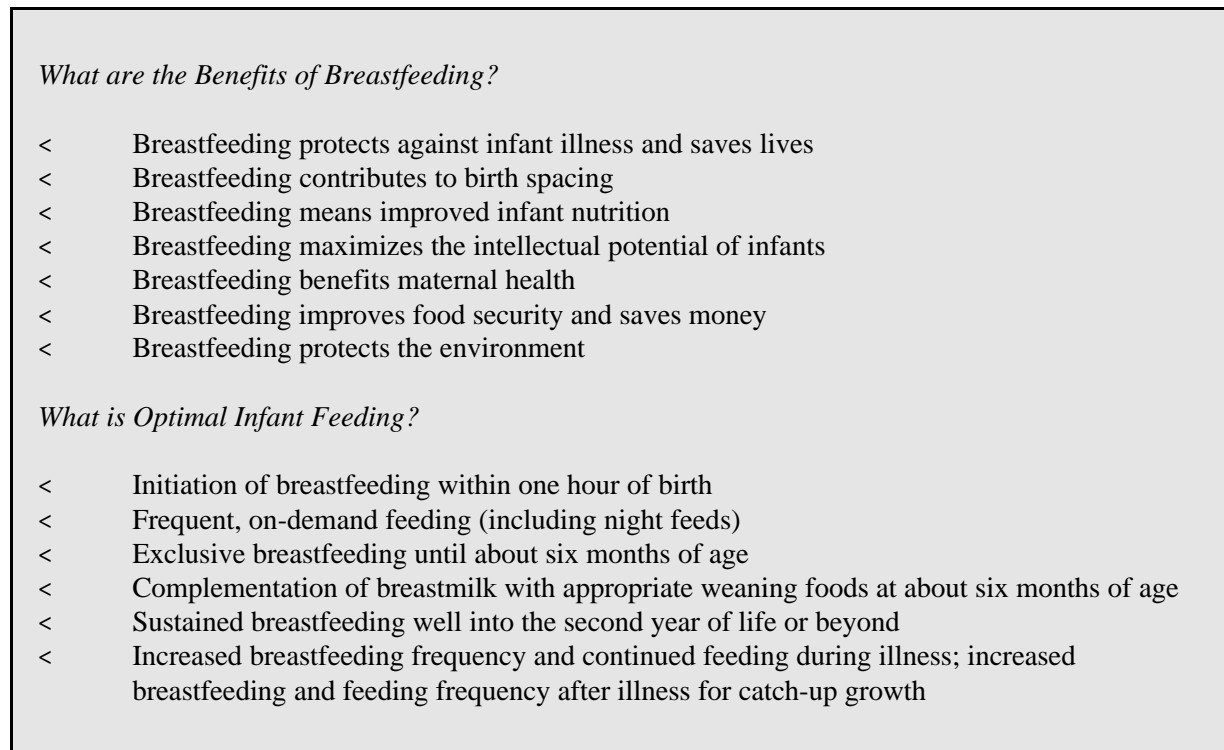
Specifically the program was designed to:

- < Provide long-term technical assistance in up to ten priority countries;
- < Provide short-term technical assistance to as many countries as possible;

- < Undertake between seven and ten applied research studies on breastfeeding; and,
- < Support, in a limited way, worldwide policy initiatives and other related activities that further breastfeeding promotion.

Over a five-year period (1991-1996), EPB met nearly all and surpassed many of these original objectives. In collaboration with colleagues from around the globe, EPB designed and tested a number of innovative strategies to increase optimal breastfeeding practices and offered a comprehensive approach to overcoming barriers to breastfeeding at all levels—national, institutional, community, and individual.

FIGURE 1: *What are the Benefits of Breastfeeding? What is Optimal Infant Feeding?*



Nearly all the goals of the Cooperative Agreement were accomplished with a funding total of \$17.7 million (out of an estimated ceiling of \$30 million). EPB worked in 34 countries in Africa, Asia and the Near East (ANE), Latin America and the Caribbean (LAC), and the Newly Independent States (NIS): long-term programs in twelve countries; needs-based initiatives in three regions; and, short-term technical assistance in nineteen countries. EPB supported thirteen applied research studies on breastfeeding.

## ***Collaborating Partners***

EPB worked as part of a team, collaborating with both international and local organizations. These collaborators included technical specialists through EPB's four major subcontractors:

- < The Manoff Group
- < The Population Council

- < Nurture—Center to Prevent Childhood Malnutrition
- < Georgetown University's Institute for Reproductive Health (IRH)

EPB worked with breastfeeding organizations such as IBFAN, LLL/I, and WABA, and other USAID-funded projects, such as BASICS, The EVALUATION Project, IMPACT, MotherCare, PRITECH, the RIM Project, and the WINS Project. At the national level, EPB has worked with many Ministries of Health (MOHs) and local private voluntary organizations (PVOs) and non-governmental organizations (NGOs), such as The Asia Foundation in Pakistan, CALMA in El Salvador, CENLAM in Mexico, SESPAS in the Dominican Republic, local NGOs in Nigeria, and local La Leche League chapters in Guatemala, Mexico, and Honduras. At national, regional, and international levels, EPB has collaborated in policy, training, and programmatic efforts with CARE, CRS, IRC, PAHO, UNHCR, UNICEF, WHO, and the World Bank.

This collaborative approach enhanced coordination and integration, fostered strong professional links, reduced costs through leveraged funding, and expanded beneficiary and organizational coverage. It also resulted in faster progress toward program goals and helped to ensure longer-term sustainability of efforts.

## ***The Experience of EPB***

Assistance was offered in the technical areas defined below and more fully described in the following pages:

- < *National Breastfeeding Programs*—National program design and implementation including analysis of infant feeding practices, strategic planning, policy design and implementation, training, research, social marketing and communications, and limited monitoring and evaluation.
- < *Policy*—Development of international, national, and institutional-level policies to support and promote optimal infant feeding practices, including formulation of policy through in-country or regional workshops.
- < *Training*—Development of appropriate, competency-based curricula and the institutionalization of a cadre of master trainers to implement training programs for facility- and community-based health care providers. Training strategy development and the provision of training and capacity-building in related technical areas (e.g., social marketing, research, community-based approaches, etc.)
- < *Community Outreach*—Community-based support for breastfeeding women with particular emphasis on mother-to-mother support and support for working mothers.
- < *Social Marketing and Communications*—Social marketing and communications activities including formative research, cultural and behavioral studies, and development and testing of communication strategies and materials.
- < *Monitoring and Evaluation*—Monitoring and evaluation activities to obtain information to enable policy makers, program managers, and implementers to determine the effectiveness of strategies and interventions to increase and improve infant feeding practices.
- < *Applied Research*—Support for research to expand programmatic, socio-cultural, and biomedical knowledge about breastfeeding for policy makers and program managers.

## ***Major EPB Accomplishments***

EPB designed and tested innovative breastfeeding promotion strategies, working towards integration of the programmatic components mentioned above. Almost all of the countries with which EPB worked achieved some policy reform. Many officials from MOHs, health care providers, and community workers in EPB program countries received training in lactation management and/or training-of-trainer techniques and adult learning principles to help them build a cadre of master trainers in-country. All EPB countries also received breastfeeding materials for reproduction and dissemination. Continuing in the Wellstart tradition of empowerment through education, EPB developed collaborative partnerships, transferred knowledge and skills, and strengthened local capabilities whenever possible.

The countries in which EPB worked included:

- < Four long-term country programs with Resident Advisors: Dominican Republic, Georgia, Honduras, and Nigeria.
- < Eleven long-term country or regional programs with no Resident Advisor: Africa Regional Training Initiative, Armenia, Cameroon (with an in-country program administrator), Kazakhstan, Mexico, Nicaragua, Pakistan, Plan for Integrated Actions in Latin America and the Caribbean (PRAIL), Rwanda (with a short-term in-country advisor), Senegal, and the Initiative on Maternal and Child Feeding in Emergency Humanitarian Assistance.
- < Short-term technical assistance to nineteen other countries. In Africa: Guinea, Madagascar, Malawi, Uganda. In the ANE/NIS regions: Egypt, Indonesia, Central Asian Republics (CAR) [Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan], the Philippines, the Western Newly Independent States (WNIS) [Belarus, Moldova, and Ukraine]. In the LAC region: Bolivia, Colombia, El Salvador, Guatemala, Peru.

There were other EPB Program achievements:

- < A number of key breastfeeding policy issues were addressed through a variety of mechanisms. These issues included: breastfeeding and the environment, economic benefits of breastfeeding, food security, women and work, mother-to-mother support, breastmilk expression and storage, breastfeeding in emergencies, the role of breastfeeding in reproductive health and family planning, cost-effectiveness of breastfeeding promotion, and HIV transmission and breastfeeding. Frequently, policy documents were used in national and international policy arenas.
- < EPB successfully lobbied for the inclusion of breastfeeding language in final documents from five international conferences: United Nations Conference on Environment and Development (UNCED) in 1992, International Conference on Nutrition (ICN) in 1993, International Conference on Population and Development (ICPD) in 1994, World Summit for Social Development (WSSD) in 1995, and Fourth World Conference on Women (FWCW) in 1995.
- < EPB coordinated two major regional reproductive health conferences for USAID in the CAR and WNIS.
- < Numerous products, materials, and tools designed to aid breastfeeding promotion efforts in four languages (English, Spanish, French, and Russian) were developed and strategically disseminated to individuals and organizations in more than 60 countries.
- < In close collaboration with UNICEF and others, EPB supported the training of more than 7,500 health professionals (at hospital and primary health care levels) and 950 community workers in

lactation management in fourteen countries. EPB also supported 75 participants in Wellstart's LME Program and trained over 350 health professionals and community workers in training-of-trainer skills and adult learning principles. These health care professionals have become a core of master trainers in their countries.

- < Nine curricula for in-service training of physicians, nurses, midwives, and community workers in lactation management, the Baby-Friendly Hospital Initiative (BFHI), and diarrheal disease/breastfeeding were developed and/or revised in three languages for use in Cameroon, Dominican Republic, Georgia, Honduras, Mexico, Nigeria, Peru, and Uganda.
- < A trilogy of manuals for training in community-based breastfeeding support was developed in English, Spanish, and French. These were used in Honduras, Madagascar, Nicaragua, and El Salvador to aid development of community-based initiatives.
- < In collaboration with Wellstart LME, EPB contributed to pre-service curricula reform in Dominican Republic; Eastern, Central, and Southern Africa (ECSA); and, Honduras.
- < National assessments of breastfeeding practices and promotion were conducted in eight countries (Cameroon, El Salvador, Guinea, Nicaragua, Nigeria, Peru, Rwanda, and Senegal) with "rapid breastfeeding assessments" conducted in four additional countries (Armenia, Georgia, and WNIS [Ukraine and Moldova]). EPB assessments were completed with host country counterparts and were an important component in planning and developing country program activities.
- < Qualitative research on infant feeding practices was conducted in seven countries (Kazakhstan, Malawi, Nicaragua, Nigeria, Rwanda, Senegal, and Uganda) and used by program planners and ministry personnel to identify barriers to optimal infant feeding and develop social marketing messages designed to overcome those barriers.
- < Social marketing materials, using mass media, counseling cards, information sheets, posters, videos, and/or audiotapes, were developed and used as part of breastfeeding promotion activities in Armenia, Cameroon, Nicaragua, Nigeria, Pakistan, and Senegal.
- < A Tool Kit was developed (in English, Spanish, and French) to provide program managers with practical methods and appropriate indicators to facilitate the monitoring and evaluation of breastfeeding practices and programs.
- < EPB conducted a baseline survey of infant health and feeding practices to evaluate community-based breastfeeding promotion activities in Honduras and developed preliminary case studies of breastfeeding promotion programs in four countries (Armenia, Cameroon, Honduras, and Kazakhstan).
- < EPB developed the Lactation Trends (LACT) Database on standardized breastfeeding indicators to assess breastfeeding trends and identify areas of complementary action.
- < Thirteen applied research studies on various breastfeeding topics were conducted that included appropriate program and policy recommendations in ten countries (Barbados, Chile, Honduras, Kenya, Lesotho, Malawi, Peru, Mexico [3], Philippines [2], and Uganda). Research topics included: the effect of exclusive breastfeeding on low birth weight infants; the effect of home-based counseling on exclusive breastfeeding; and, the effect of clinical support on breastfeeding among working women.

- < EPB also completed additional research in the areas of contamination of breastmilk in Kazakhstan and breastfeeding in emergency situations (by conducting a rapid assessment, including program and policy recommendations, of infant feeding in a Rwandan refugee camp in Tanzania).

## ***Evolution of a Model for National Breastfeeding Programs***

As the EPB Program began, it became clear that early expectations of developing comprehensive country programs that included all five technical areas of policy, training, community outreach, social marketing and communications, and applied research as defined in the Cooperative Agreement were unrealistic. Although the majority of EPB country programs were initially designed within this framework, as program work proceeded, such a broad scope in each country was considered inappropriate. (Technical assistance provided by EPB in long-term country and regional programs is documented in Figure 2.)

TABLE 1: *EPB Technical Assistance by Long-term Country and Regional Program*

Long-term Country Program	Resident Advisor	Policy	Training	Community Outreach	Social Marketing			Applied Research	Monitoring & Evaluation
					Assessment	Qualitative Research	IEC		
Africa Regional Training			U						U
Armenia			U		U		U		U
Cameroon		U	U		U		U		U
Dominican Republic	U	U	U	U					
Emergency Humanitarian Assistance		U	U					U	
Georgia	U	U	U	U	U				
Honduras	U	U	U	U				U	U
Kazakhstan			U		U*	U		U	U
Mexico			U	U				U	
Nicaragua			U	U	U	U	U		
Nigeria	U		U		U	U	U		U
Pakistan			U	U			U		
PRAIL		U	U						
Rwanda			U		U	U			
Senegal		U	U		U	U	U		

\*A needs assessment was conducted for the Central Asian region as a whole, including Kazakhstan.

Each country had diverse needs requiring custom-tailored assistance. In-country human resources were not always available to address all technical areas at once. Within a given country, the type of health care system and the degree of previous breastfeeding promotion activities affected the approach taken by EPB. For example, in a country with a high percentage of hospital births, changes in hospital practices were an effective way to initiate breastfeeding promotion activities. However, in countries such as Pakistan, where most births take place outside of health facilities, social marketing efforts were more likely to reach a greater number of mothers.

In addition, funding for such a broad scope of activities in many countries was unavailable. The levels of USAID mission interest and available donor and government funding determined how much could be done. The time needed to develop each of the specific country components was considerable, and a time schedule could not be arbitrarily imposed. The experience of EPB underscored the need for the impetus for change, as well as the development of country programs, to be generated from within the country and not driven by outside interests or agendas.

EPB found that if it responded to country requests from USAID Missions, MOHs, and NGOs for assistance on discrete activities, better results were achieved. EPB offered technical assistance “cafeteria style” (across a range of program components) from which country representatives made an informed choice (with input and guidance from USAID Missions’ strategic plans, EPB qualitative research, needs assessments, etc.) about which activities best suited their needs. This approach allowed activities to be politically feasible, culturally acceptable, and easily integrated into the country’s own broader plan for breastfeeding and overall health and nutrition strategies.

Successes and failures in country programming work were not therefore merely measured against the inclusion of all five technical areas in every country, but, more importantly, against policy and behavior changes in relation to specific activities. It became clear early on that measurable, broad, population-based behavior changes were unlikely to occur in a country within the five-year span of the EPB Program, and should ultimately be measured over a longer period of time.

## ***Policy***

Substantial work was done by EPB in breastfeeding policy in seven countries and two regions, yet it is difficult to assess the specific impact of most policy activities. For example, while policy workshops appear to help develop momentum for breastfeeding promotion efforts and thus seem to act as a catalyst for activities, it is often difficult to document a concrete result. EPB assisted in developing and implementing seven national and two regional policies that support and promote breastfeeding and conducted national policy workshops in several of its long-term country programs. EPB also helped develop a wide variety of institutional policies (in hospitals, through national breastfeeding centers, and within NGOs). In addition to providing technical assistance to develop national and institutional policies, EPB helped to develop country and regional breastfeeding strategies in collaboration with WHO, PAHO, and UNICEF.

EPB helped to ensure that breastfeeding issues were included in preliminary and final conference documents for five international conferences (UNCED, ICN, ICPD, WSSD, and FWCW). EPB also participated in and contributed to the UNHCR/ACC/SCN Workshop on Nutrition in Emergencies as well as the UNHCR/UNFPA Symposium on Reproductive Health and Refugees. EPB’s experience was that participation in international conferences helped to build up an extensive network of institutional support for breastfeeding policy reform, particularly when in-country representatives were actively involved. The long-term impact of EPB’s participation in these international conferences will be tested by whether or not formal policy statements will be translated into programs that are supported by adequate financial resources.

The active involvement of key in-country representatives should help make this translation process more successful.

Policies and guidelines were also drafted to provide technical information and to motivate various target audiences to support and promote breastfeeding. Breastfeeding issues that were addressed included: breastfeeding and the environment, economic benefits of breastfeeding, food security, women and work, mother-to-mother support, breastmilk expression and storage, breastfeeding in emergencies, the role of breastfeeding in reproductive health and family planning, cost-effectiveness of breastfeeding, and HIV transmission and breastfeeding.

EPB discovered that countries where the remains of authoritarian systems exist can serve as fertile ground for rapid and effective policy reform. In the NIS, for example, certain changes in hospital practices were relatively easy to implement due to the high percentage of hospital births and a government system through which policies could be easily changed throughout the country via MOH directives.

## ***Training***

Improving the knowledge and skills of health professionals in lactation management can lead to more successful breastfeeding experiences for women, especially in the time surrounding delivery. Problems that can lead to early termination of breastfeeding or inappropriate use of supplements can be avoided if health professionals have the skills needed to help counsel mothers. More often, however, training is needed to address inappropriate advice given to mothers based on previously taught views about breastfeeding or on cultural factors affecting health professionals. Providing health professionals with up-to-date information on the benefits of exclusive breastfeeding and how to manage lactation combined with teaching them supportive counseling skills can lead to improved care for breastfeeding women. EPB worked with Wellstart's LME Program, UNICEF/WHO's BFHI, and others to develop strategies, tools, and resources for training health workers.

EPB training activities occurred in fourteen countries: Brazil, Cameroon, Colombia, Dominican Republic, El Salvador, Georgia, Honduras, Indonesia, Mexico, Nicaragua, Nigeria, Pakistan, Peru, and Uganda. EPB assisted MOHs, international and local PVOs and NGOs, community groups, universities, breastfeeding training centers, and other public and private entities in the design of cost-effective training strategies, the development of competency-based training curricula, the implementation of training-of-trainers workshops to develop an in-country core of master trainers, and the adaptation of supportive materials for successfully implementing facility-based and community-level training programs. South-to-south sharing of materials, trainers, and experiences was a key feature of EPB's overall training strategy.

EPB's experience in training health professionals and community workers has shown that:

- < Training is most effective when a long-term training strategy is utilized;
- < Developing a core of master trainers in-country helps to institutionalize training skills to more effectively implement ongoing training programs;
- < While content training is essential, training in teaching techniques and effective counseling is also important for a successful training component;
- < Monitoring of training activities is most helpful when the proportions (not merely numbers) of staff trained within a particular facility or region are assessed; and,

< Pre-service curricular reform is more cost-effective than in-service training in the long run.

## ***Community Outreach***

Expansion of breastfeeding support beyond hospitals and health facilities and into the community was a major focus of the EPB Program. Although there was no consensus on how best to provide community-based breastfeeding support early on, EPB began to identify programs and strategies for community-based breastfeeding support with the intention of gaining knowledge, building on experience, and advancing the “state of the art.”

Many of the earliest programs that tested models for breastfeeding support in the community were in Latin America, with Honduras the most notable. EPB documented the process of developing community support in Honduras.

The community work in Honduras yielded important generic lessons and underscored the belief that support mechanisms for breastfeeding at the community level work. Tools, such as a supportive supervision system for community workers, were effective. Developing a cadre of volunteers was one way to create a grassroots, community network, although it was essential that there be a functioning organization to provide the oversight, training, and supervision of volunteer counselors. This could be an organization focused specifically on breastfeeding, such as La Leche League in Honduras, or it could be another independent NGO which works with volunteer workers in other health sectors.

Breastfeeding offers a link to the community and can serve as a bridge to improvement and expansion of other primary health care activities at the community-level. There is growing evidence that programs that are mother-centered and offer good counseling and support can increase and improve breastfeeding practices. It is useful to stress the public-private partnerships to expand coverage and services that can, in some countries, provide models for government and motivate the public sector to strengthen breastfeeding support activities.

Because MOHs have generally not been able to provide continuous supervision of volunteers due to financial, logistical, and staff constraints, it has been difficult for them to develop a network of breastfeeding support without a link to an NGO that takes the lead in this activity. More exploration is needed, however, of how to encourage female health volunteers who focus on other topics in the community to include counseling and breastfeeding support in their efforts. Also necessary is the transfer and adaptation of EPB’s experience and approaches to community-based breastfeeding support in Latin America to other countries and regions.

Community-based promotion activities with support from EPB have occurred in Bolivia, Dominican Republic, Guatemala, Honduras, Mexico, Nicaragua, and throughout the LAC region in close collaboration with PAHO. EPB provided technical assistance and training in numerous countries, financed a technical advisory meeting on mother-to-mother support, and assisted with the development of a Strategic Plan for Development of Community Support Systems in Latin America. A series of materials entitled Community-based Breastfeeding Support was developed, field tested, and used to strengthen the promotion and support of breastfeeding at the community level. The trilogy includes: A Planning Manual; A Training Curriculum; and, A Guide for Trainers and Supervisors.

A summary piece on the outreach program *Nurturing Our Communities: Lessons Learned in Community Outreach in the Latin America and Caribbean Region* points out several key lessons learned:

- < A network of trained and supervised breastfeeding counselors living in the community is an effective way of improving availability, accessibility, and quality of care;
- < Counseling messages need to target key behaviors that impede optimal infant feeding;
- < Mother-to-mother support groups play a key role in modeling behavior and in identifying future volunteers for community-based breastfeeding activities; and,
- < To ensure long-term sustainability of community-based breastfeeding promotion, changes in the basic training of health professionals are necessary to reinforce community efforts and avoid sending mixed messages to mothers.

## ***Social Marketing and Communications***

EPB gained experience in the promotion of breastfeeding through communications and social marketing, although this was ultimately an area with limited emphasis in EPB programs due to the level of field support funds available. EPB examined infant feeding behaviors and the structural and socio-cultural context of these behaviors through qualitative research conducted in collaboration with The Manoff Group in seven countries—Kazakhstan, Malawi, Nicaragua, Nigeria, Rwanda, Senegal, and Uganda. In addition, The Manoff Group and EPB developed a Guide to Qualitative Research for Improving Breastfeeding Practices to help program planners and managers identify obstacles to optimal breastfeeding, define practically feasible and technically effective interventions to improve breastfeeding practices, and design a strategy for promoting these practices.

EPB also applied social marketing skills in such areas as communication strategies development, materials development, and information dissemination. In close collaboration with in-country partners, EPB developed educational materials and posters, counseling cards, community/women's information, and videos on women's work and breastfeeding. In addition, national efforts to promote and support breastfeeding using mass media were designed and implemented in Armenia, Nicaragua, Nigeria, and Senegal.

Social marketing experience from Armenia, Cameroon, Nicaragua, Nigeria, and Pakistan indicates that messages about breastfeeding need to be specific and targeted to appropriate groups, such as fathers and other family members. Messages need to be tailored to specific behaviors, for example, addressing the concern of mothers in many places that babies need water from an early age. Other messages should be designed for health personnel to reinforce training they have received about breastfeeding and lactation management issues.

Experience in Armenia showed that it was possible to tailor messages for health workers and to focus on hospital practices through a mass media campaign. This campaign, in coordination with other breastfeeding promotion efforts by UNICEF and the MOH, managed to produce changes in postpartum hospital practices, as well as to improve knowledge levels among health care providers and mothers.

EPB learned that qualitative research could provide valuable insights into the breastfeeding practices and beliefs in a given community and was an important step in the development of messages, information, and materials, as well as essential for good program planning. Messages were most effective when they were designed with input from the community and arose from knowledge about local practices and conditions.

## ***Monitoring and Evaluation***

The delayed establishment of an evaluation component within the EPB Program meant that a comprehensive evaluation program was not possible. EPB evaluation efforts therefore focused on completing evaluation activities that would document progress in active EPB-supported program activities and provide a foundation for follow-on work as well as enhancing efforts for future breastfeeding evaluation activities. A Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs was therefore developed to provide program managers with practical methods to facilitate the monitoring and evaluation of breastfeeding programs and practices.

Other EPB evaluation activities included development of a global breastfeeding trends database (LACT) which, in the interest of sustainability, was passed on to WHO. EPB also conducted a baseline survey in Honduras to evaluate community-based breastfeeding promotion activities in two health areas and developed preliminary case studies of national breastfeeding programs in Armenia, Cameroon, Honduras, and Kazakhstan.

Much work remains to be done to help program planners and counterparts understand that evaluation is not merely a reporting mechanism to satisfy funders that money has been well spent. If the process of integrating monitoring and evaluation into the program development and management process is to succeed, evaluation cannot be treated as an adjunct to programmatic activities. Rather, it is critical to introduce and integrate the process of evaluation into the planning of programs in such a way that information on program status makes early as well as mid-course corrections possible.

A number of technical issues must be addressed to improve evaluation quality. For example, in contrast with many other health practices, the appropriateness of infant feeding practices is closely linked to the age of the child. Where possible, calculated rather than reported age should be used. The Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs provides guidance on the accurate calculation of infant age. Guidance is also provided on other issues, including how to appropriately compare the breastfeeding rates of two or more groups of infants (for example, comparisons of infants from two different geographic areas or comparisons of infants from the same population measured at different points in time) and how to appropriately select a sample on which to measure breastfeeding duration.

## ***Applied Research***

Despite the vast amount of information available in the literature on human lactation and breastfeeding, specific information necessary to improve the efficacy and efficiency of interventions designed to extend the duration of exclusive breastfeeding is lacking. The goal of EPB's Applied Research Program was to provide policy makers and program managers with information that could assist in the design, execution, and evaluation of programs and policies to promote exclusive breastfeeding and other optimal breastfeeding practices in developing countries.

EPB's Applied Research Program supported thirteen competitive research projects on breastfeeding, divided into three overarching issues: 1) What policies and programs are best suited to extend the duration of exclusive breastfeeding? 2) Why do some mothers exclusively breastfeed for the recommended length of time while others do not? and, 3) What constitutes the optimal length of exclusive breastfeeding during infancy?

In addition, data was collected and analyzed on both breastmilk sufficiency and contaminants in breastmilk in Kazakhstan. Literature reviews on breastmilk expression, storage, and feeding were used to design research protocols for future investigation. EPB also conducted policy initiatives and research on infant feeding in refugee situations. Scientific data was reviewed on vertical transmission of HIV/AIDS through breastmilk

in comparison with alternative risks. Other issues addressed included: a scientific basis for optimal breastfeeding, a policy summary on the cost-effectiveness of hospital-based breastfeeding promotion, and a technical paper on births averted through breastfeeding. Transfer of knowledge and skills in the area of applied research also occurred through the provision of technical assistance and the involvement of in-country researchers.

Lessons learned from the Applied Research Program have led to recommendations that:

- < Researchers focusing on breastfeeding topics should begin by working with program managers and staff to identify what programmatic questions need to be answered, rather than asking what are the programmatic implications of their research once the research is completed; and,
- < Research should be intervention focused so that the effectiveness of various strategies to improve breastfeeding practices are tested.

## ***Challenges and Recommendations for the Future***

Internationally, EPB attempted to raise and address priority issues of concern to those involved in breastfeeding promotion, particularly related to community-based support. One such issue was the role of breastfeeding at the country level. The benefits of “scaling up” to a national effort, generally through the public sector, have been discussed often with respect to breastfeeding programs. While this approach has been the objective with high profile national family planning programs and immunization programs, this may not always be the best strategy for breastfeeding promotion due to the type of interventions and support needed, especially at the community level.

Instead, it may be preferable to emphasize expansion of what is known and what works, based on experience from the field. In many places, it has proven useful to work toward the integration of breastfeeding into other health activities such as child survival and family planning, while remembering that integration is a means to an end and not the endpoint itself. Building on existing resources and coordination with other service delivery efforts and true integration will benefit not only breastfeeding but other health activities as well.

The evidence for breastfeeding is strong as a cost-effective, culturally acceptable, and powerful force for decreasing millions of infant and child deaths each year due to pneumonia and diarrhea. The challenge is to convince policy makers, planners, and donors to implement breastfeeding promotion as a priority activity and to give them the tools and the resources they need to successfully implement long-term sustainable efforts to promote, protect, and support breastfeeding.

Throughout this project, EPB fostered numerous discussions with USAID and other collaborating organizations about the future of breastfeeding promotion activities based on EPB achievements. The culmination of these discussions took place at EPB’s final dissemination workshop entitled *Breastfeeding: Promoting Links for Life*. This symposium outlined the importance of reaching women directly and concluded that much remains to be done in community outreach and social marketing to meet this objective.

Future activities should continue to promote optimal breastfeeding beyond the medical establishment and impact the community directly through mother-to-mother support groups and other community-based interventions, social marketing to change attitudes toward breastfeeding by directing messages at whole communities and not just mothers, and, improvement of workplace policies that are not supportive of lactating women. Much work also remains to be done, through monitoring and evaluation, to measure the

overall effect of breastfeeding promotion efforts on target beneficiaries. Specific recommendations by technical area are given below.

*Policy*—It is essential for future programs to capture the momentum created by recent international policy advances so that new efforts can build on the accomplishments, models, and experience of the past.

Information is an important tool for policy reform and one that EPB used extensively. Information that is timely, relevant, and “framed” for the appropriate audience of policy makers is crucial in effecting policy changes. For example, when the benefits and the cost-effectiveness of breastfeeding are presented to financial planners, the chances of policy change and implementation are greater. The policy reform process is a long-term incremental activity that is difficult to short cut. Most changes in country policies have come about as a result of systematic approaches to understanding the problem, offering solutions, and facilitating political support and consensus on change. It is important that specific action plans and implementation strategies be available to stimulate debate and/or to move to actual program development and implementation.

*Training*—Future training activities should be focused primarily on integrating breastfeeding into pre-service curricula. This would ensure that countries are not completely dependent on in-service training programs to train health care providers at all levels, which can be costly and time-consuming to implement and ultimately do not lead to long-term change.

*Community Outreach*—While the experience in community outreach efforts to date has been substantial, there is considerably more to be done to expand and strengthen community-based breastfeeding promotion. It will be important to document program impacts, processes, and outcomes, comparing the cost-effectiveness and sustainability of various models (counseling through home visits, support groups, community education, etc.). Recommendations for future efforts to promote, protect, and support breastfeeding at the community level include: offering technical assistance to field programs; dissemination and adaptation of materials for community-based activities; facilitation of public-private partnerships; strengthening of established networks and programs; and, improved information exchange and communication.

*Social Marketing*—In social marketing, an important challenge for the future will be to follow up on behavioral change programs that EPB helped initiate. Ongoing monitoring and evaluation of the wide variety of materials and messages that EPB tested and disseminated are needed so that future interventions can be guided by careful examination of the results of these past efforts.

*Monitoring and Evaluation*—In the area of evaluation, assistance and guidance in the use of the Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs is recommended to improve the monitoring and evaluation of all types of breastfeeding interventions. Future evaluation resources will have to be balanced to meet several competing demands. There is a need for long-term, sustained, and intensive work with a few programs to enable the development of models for comprehensive programmatic evaluation. These efforts will show the value that evaluation activities can bring to breastfeeding promotion programs, as well as help further develop tools and strategies upon which other program evaluation activities can be modeled.

At the same time, there is a need for responsive, flexible, and sufficient capacity to respond to requests from the field for technical assistance in monitoring and evaluation. The development of local capacity will require sufficient technical support at certain key points. In particular, assistance is likely to be required in the design and establishment of a monitoring system, in interpreting the data, and in using the data for decision-making and planning.

Relatively more progress has been made on evaluation of facility-based than on community-based breastfeeding promotion. There are particular challenges related to the monitoring and evaluation of community-based activities that should be addressed. These include the need to develop strategies to make evaluation and monitoring activities participatory in nature, involving local counterparts in the determination of the focus of monitoring efforts, data collection, and use of the data for decision-making. There is also need to document processes at the community-level that lead to institutionalization and long-term sustainability, as well as cost-effectiveness of program activities.

*Research*—Future research efforts on breastfeeding topics should focus on testing the effectiveness and cost-effectiveness of various interventions aimed at increasing the duration of exclusive breastfeeding and, in particular, targeting the first week and month postpartum.

EPB has laid groundwork in the global promotion of optimal breastfeeding practices. Unlike other interventions, such as programs to address diarrheal disease and malnutrition, breastfeeding promotion is unusual in that the first step is to convince individuals and policy makers that a breastfeeding problem exists. In most developing countries, many women breastfeed and policy makers assume that the issue needs no attention. The critical importance of exclusive breastfeeding for the health of the child and for fertility reduction is not recognized. Once the breastfeeding situation and optimal breastfeeding practices are understood, exclusive breastfeeding can be presented as part of the solution to the most pressing child survival problems—malnutrition, diarrheal disease, acute respiratory infection (ARI), and child spacing.

The challenge for Wellstart, USAID, and the many others with a leadership role in the fields of breastfeeding and maternal and child health is to keep the momentum of the EPB Program going, to build on the lessons learned and experiences gained in the past five years, and to continue to promote, protect, and support breastfeeding for the benefit of families worldwide.

Although the EPB Program is closing, Wellstart International continues to serve as a resource for all components of breastfeeding promotion, protection, and support, as well as for EPB products and skills. Any questions about the work of the EPB Program, or any of Wellstart's other programs, as well as requests for EPB and other Wellstart publications, should be directed to:

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## ***Organization of this Report***

The following report is the culmination of five years of extensive work in breastfeeding promotion. Section 2 describes activities, accomplishments, and lessons learned in EPB's six technical areas (Policy, Training, Community Outreach, Social Marketing and Communications, Monitoring and Evaluation, and Applied Research) and also includes sections on two special initiatives (Maternal and Infant Feeding in Emergency Humanitarian Assistance and HIV Transmission and Breastfeeding).

Section 3 is a compilation of summaries of EPB long-term and short-term country programs, grouped in chapters by region, and alphabetically within each region. An introduction provides general lessons learned by EPB in the area of country programming. Each summary includes program achievements and a section

that lists available EPB documents related to the country program. Annexes to the report include the EPB organizational chart and the EPB Publications List.

**Section 2:**  
***Activities, Accomplishments, and***  
***Lessons Learned in Technical Areas***

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## ***Activities, Accomplishments, and Lessons Learned in Technical Areas***

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### ***Introduction***

In addition to designing and implementing country programs to include relevant technical areas (see Table 1), the EPB program was designed to “push the envelope” on existing thinking and develop, analyze, and replicate technical models to improve breastfeeding promotion activities. During the course of the EPB Program, assistance was offered and models developed in the technical areas defined below and more fully described in the following pages.

- < *Policy*—Development of international, national, and hospital-level policies to support optimal infant feeding practices, including formulation of policy through in-country or regional workshops.
- < *Training*—Development of appropriate, competency-based curricula and institutionalization of a cadre of effective master trainers to implement training programs for facility- and community-based health care providers. Training strategy development and the provision of training and capacity-building in related technical areas (e.g., social marketing, research, community-based approaches, etc.).
- < *Community Outreach*—Community-based support for breastfeeding women with particular emphasis on mother-to-mother support and support for working mothers.
- < *Social Marketing and Communications*—Social marketing and communications including formative research, cultural and behavioral studies, and development and testing of communication strategies and materials.
- < *Monitoring and Evaluation*—Activities to obtain information to enable policy makers, program managers, and implementing staff to determine the effectiveness of strategies and interventions to increase and improve infant feeding practices.
- < *Applied Research*—Research support to expand programmatic, socio-cultural, and biomedical knowledge about breastfeeding for policy makers and program managers.



International and national policies are critical to the creation of a supportive environment for optimal breastfeeding practices. For example, funding for breastfeeding support must be present. Formula marketing needs to follow WHO's *International Code of Marketing of Breast-milk Substitutes*. Norms for other health areas (i.e. diarrheal disease control (CDD), acute respiratory infection (ARI), growth and development, etc.) should be consistent with optimal breastfeeding recommendations. In many situations, these policy issues need to be addressed prior to or concurrent with other program activities, if changes in practices are to be sustained.

### **Goal:**

The goal of the policy-related strategy in the EPB Program was to bring about:

- < Increased institutional and financial support of international agencies and national governments specifically designated for breastfeeding promotion;
- < Development and implementation of international and national strategies, policies, legislation, and norms supportive of breastfeeding;
- < Integration of breastfeeding within other health and non-health sectors (including CDD, the Expanded Program on Immunization (EPI), family planning, NGO activities, environment and population agendas, etc.); and,
- < Finalization and implementation of an information strategy, including mechanisms to increase the dissemination and monitoring of EPB documents.

### **Country and Regional Programs**

EPB policy activities were woven into country program activities and technical area initiatives. EPB fostered policy-related development and implementation in Cameroon, Dominican Republic, Georgia, Guatemala, Honduras, Indonesia, and Senegal, as well as at the regional level in Africa and Latin America. Achievements at the country level were significant. EPB has:

- < Assisted in developing and implementing national policies that support and promote breastfeeding, including policy workshops.
- < Developed country and regional breastfeeding strategies in collaboration with World Health Organization (WHO), Pan-American Health Organization (PAHO), United Nations Population Fund (UNFPA), United Nations High Commission for Refugees (UNHCR), Administrative Committee on Coordination/Subcommittee on Nutrition (ACC/SCN), and the United Nations Children's Fund (UNICEF).

Based on experience gained in these country and regional activities, EPB developed several tools to assist countries to carry out their own strategy and policy development workshops. These tools include:

- < *Guidelines for Preparation and Organization of a National Breastfeeding Policy Workshop* (May 1993); and,
- < *Strategic Guidelines for the Regional Plan of Integrated Actions to Promote Protect and Support Breastfeeding in Latin America and the Caribbean* (August 1996) (See PRAIL section for more details).

### ***International Policy Issues***

In addition to country-level policy work, EPB has focused on international and cross-country policy themes. Some of these issues were chosen to correspond with major international policy events in which EPB participated. Other issues, such as HIV transmission and breastfeeding and maternal and infant feeding in emergency humanitarian assistance, were addressed based on their timeliness, urgency, and/or the lack of existing infant feeding policy guidelines in these situations.

- < *Breastfeeding and the Environment*—EPB educated environmental staff about the important role breastfeeding plays in reducing environmental damage, expecting that this advocacy would lead to the expansion of support for breastfeeding promotion among a new community of policy makers and program managers. EPB concentrated efforts on the UNCED in 1992 for which it prepared a paper and a policy brief on Breastfeeding and the Environment. EPB also jointly presented this topic with IRH at the American Public Health Association (APHA) annual conference in October 1995.
- < *Breastfeeding as a Food Security Issue*—In the past, breastmilk had not been considered a food security issue, and thus had not obtained the support of agricultural or food policy specialists. For the ICN in 1993, EPB supported the attendance of several developing country participants, hosted a policy workshop, and collaborated with other NGOs on reviewing the Plan of Action. As a result of work by conference participants, breastfeeding was included in the Food Security section of the Plan of Action, as well as in over ten other sections of the document. The significant language in the conference document has proven very useful in subsequent work with nutritionists and nutrition programs at the international and national level. For example, based on the call for stronger breastfeeding support, the Dominican Republic incorporated the National Breastfeeding Plan into its ICN implementation plan. With recent preparations for the World Food Summit (1996), EPB supplied the U.S. delegation to the preparatory meetings with information on breastfeeding as a food security issue as well.
- < *Breastfeeding and Family Planning*—EPB and its subcontractors have investigated births averted by breastfeeding, resource savings for family planning programs, the lactational amenorrhea method (LAM), contraindications to breastfeeding, and the overall integration of breastfeeding support into family planning programs. Several EPB staff members, Wellstart Associates, and IRH colleagues actively participated in the ICPD in September 1994. EPB distributed policy briefs, conducted panel presentations, and helped sustain the fourteen citations of breastfeeding in the Plan of Action. These citations were drafted and inserted after vigorous advocacy on the part of Wellstart, IRH, and others prior to the conference during Preparatory Meetings. It was anticipated that this initiative would help further integrate breastfeeding support into family planning programs.

EPB subcontracted IRH to prepare a technical paper on births averted through breastfeeding as well as summary data sheets on the demographic implications of changes in breastfeeding practices for selected countries.

EPB contracted the Population Council to carry out a literature review on breastfeeding and the use of progestin-only pills. The Population Council also analyzed data from situation analyses of health facilities from a number of countries to examine breastfeeding and family planning practices as well as service provider knowledge.

- < *Breastfeeding as a Woman's Issue*—Efforts on this topic were concentrated on preparation for the FWCW in Beijing in 1995, and focused on the inclusion of breastfeeding in the final conference document. EPB representatives participated in pre-conference working groups in March 1995 in New York to introduce breastfeeding language within the conference document. Breastfeeding has been explicitly defined as a policy element within the FWCW Platform for Action. In coordination with Nurture, EPB prepared a policy statement/brochure entitled *Breastfeeding as a Feminist Issue* which has been distributed in English and Spanish.

EPB also participated in two preparatory meetings for the FWCW: Inter-American Development Bank meeting on Women and Development in Guadalajara, Mexico; and, Latin American regional preparatory meeting for the FWCW (a panel presentation at the NGO forum focused on working women). EPB also participated in two WABA meetings and helped develop the strategy for achieving inclusion of breastfeeding in the Platform of Action for coordination for the FWCW. With WABA, EPB facilitated a process of donor, cooperating agency, and NGO coordination that led to incorporation of language supportive of breastfeeding into the text of the revised Platform of Action for the FWCW, despite the fact that it had not been part of the first draft.

- < *Economic Value of Breastfeeding*—With development aid budgets shrinking and projects downsizing, it is useful to have information on the costs of breastfeeding promotion and associated savings, and to provide this information to policy makers at the international and country levels. A *Workbook for Policy Makers: Guide to Assessing the Economic Value of Breastfeeding* (Nurture) was applied in Peru and in El Salvador, and results were presented at national policy workshops. The workbook was also successfully used at policy makers' workshops in Cameroon (May 1993) and in Bolivia (September 1993) as part of a LME follow-up visit. The LAC-Health and Nutrition Sustainability Project (LAC-HNS) used the workbook in Guatemala and revisions to the workbook were made based on these recommendations. EPB also provided technical assistance in the analysis of the economic value of breastfeeding to other international and donor organizations (e.g., the International Bank of Reconstruction and Development (IBRD)).

- < *Growth Patterns of Breastfed Infants*—Breastfed infants do not follow the same growth patterns as formula fed infants. EPB supported a review (conducted by the University of California at Davis) of the available studies in developed countries that have assessed growth of breastfed infants. The review was undertaken in coordination with the WHO Subcommittee on Anthropometry and Infant Growth, which held meetings to determine whether new norms for breastfed infants are needed.

These analyses were written up in a report entitled *An Evaluation of Infant Growth: A Summary of Analyses Performed in Preparation for the WHO Expert Committee on Physical Status: The Use and Interpretation of Anthropometry*. The report was made available to the scientific community to encourage and support further research on the questions raised by the Expert Committee after its evaluation of present knowledge about infant-growth assessment.

- < *Women, Work, and Breastfeeding*—EPB provided information to policy makers, employers, and mothers on how to better support breastfeeding in the work place. EPB and Family Health International (FHI) cosponsored a workshop (1993) in which a conceptual framework for supporting breastfeeding in the work place was designed. The framework included the concept of offering

mothers space, time, and support in the workplace. The group also defined a strategy for documenting family-friendly work sites that support breastfeeding.

A concept paper, *Every Mother is a Working Mother: Breastfeeding and Women's Work* was developed for presentation at an IRH workshop on Women, Work, and Feminism and later published in the *International Journal of Gynecology and Obstetrics* as part of the conference proceedings in FY'95.

Case studies were carried out in Brazil, Guatemala, Kenya, and the Philippines demonstrating successful strategies used by employers and mothers for breastfeeding in the work place. These case studies were documented in four country videos and in a composite video aimed at decision makers entitled *Investing in the Future*. EPB also supported the translation into Spanish and printing of *Women, Work, and Breastfeeding*, a monograph by Penny van Estrik of Cornell University.

EPB also translated into Russian the WABA Action Folder on women, work, and breastfeeding and disseminated it along with other breastfeeding information throughout the CAR and WNIS.

- < *Monitoring the Marketing of Breastmilk Substitutes*—Monitoring of the *International Code of Marketing of Breast-milk Substitutes* must take place for the Code to be effective. EPB supported the development of an informational kit to help communities better monitor industry's compliance with the Code. This kit was used effectively at a workshop in Paraguay. EPB also translated into Russian, reproduced, and disseminated, along with WABA, the WABA Action Folder on code monitoring.
- < *Maternal and Infant Feeding in Emergency Humanitarian Assistance*—Advocacy and policy development in this critical area began in FY'95. EPB participated actively and introduced and secured the inclusion of breastfeeding in two major international workshops: the UNHCR/ACC/SCN workshop on the improvement of the Nutrition of Refugees and Displaced People in Africa (Machakos, Kenya, December 1994); and the UNHCR/UNFPA Symposium on Reproductive Health in Refugee Situations (Geneva, June 1995). EPB also conducted numerous policy briefings for USAID, the State Department, as well as for other cooperating agencies, NGOs, and PVOs throughout FY'95. EPB reviewed USAID's Bureau for Humanitarian Response's guidelines on commodities. Several documents, including a poster session at the National Conference on International Health (NCIH) and a fact sheet on Breastfeeding in Emergencies, were produced and distributed in FY'95. (See section on Maternal and Infant Feeding in Emergency Humanitarian Assistance).
- < *HIV Transmission and Breastfeeding*—Another area of policy importance that was not addressed in EPB's Cooperative Agreement was the issue of HIV transmission and breastfeeding. During FY'95, EPB completed a bibliographic review of all the published literature on HIV/AIDS and breastfeeding and prepared a one-page fact sheet on HIV and breastfeeding using Africa Bureau resources. Final products were translated and disseminated in FY'96. (See section on HIV Transmission and Breastfeeding).
- < *Breastfeeding in International Policy Documents*—Much effort was made to incorporate breastfeeding statements into a number of major policy documents. In FY'96, EPB contracted Nurture to produce a summary highlighting the recommendations for breastfeeding in major international events over the past four years: the Action Plans from the ICPD, the ICN, the FWCW, and UNFPA/UNHCR: Reproductive Health and Refugees, and the World Health Assembly 47.5.

- < *Exclusive Breastfeeding*—In an effort to promote optimal infant feeding and to encourage health delivery organizations to strengthen breastfeeding programming, Nurture, under its subcontract with EPB, finalized a paper describing successful programs to increase the rates of exclusive breastfeeding (including discussions of activities in Peru, Honduras, Brazil, and Chile) and a short piece on optimal breastfeeding practices.
- < *Technical Advisory Group (TAG) Meetings*—EPB hosted or supported conferences and TAG meetings designed to promote and support breastfeeding issues. Major conferences included:
  - < CAR—Maternal and Child Health, Family Planning, and Breastfeeding
  - < WNIS—Maternal and Child Health, Family Planning, and Breastfeeding
  - < Guatemala—Mother-to-Mother Support for Breastfeeding
  - < Mexico—Mother-to-Mother Support and the BFHI
  - < Rwanda—Physicians Seminar

TAG meetings were required in the EPB Cooperative Agreement. USAID allowed for flexibility in the required final TAG so that a broader discussion of issues facing breastfeeding promotion could be discussed with an expansive audience. The following meetings were held:

- < Project Start-up (July 1992)
- < Breastfeeding Database (June 1993)
- < Breastfeeding Mother Support (July 1992)
- < Women, Work, and Breastfeeding (March 1993)
- < Evaluation of Breastfeeding Programs (May 1993)
- < Breastfeeding Research (May 1993)
- < Informal Consultation on Breastmilk Expression, Storage, and Feeding (July 1994)
- < Project Midterm/Country Program Review (January 1995)
- < Breastfeeding: Past, Present, and Future (January 1996)
- < Breastfeeding: Promoting Links for Life (July-August 1996)

Reports of these meetings are available under separate cover.

- < *WABA Global Forum*—EPB funded three Africans (from Zimbabwe, Zambia, and Tanzania) and partially funded four Latin Americans to participate in the 1996 WABA Global Forum entitled “Children’s Health, Children’s Rights: Action for the 21st Century” held December 2-6 in Bangkok, Thailand. Several participants also attended pre-conference proceedings and special working groups. EPB’s former Outreach Advisor spoke on EPB’s activities related to infant feeding in emergency situations and community outreach efforts.

### ***Information Dissemination and Monitoring***

Since its inception, the EPB Program struggled with a mandate and recognized need for information activities, since no budget and no staff for information work was designed in the Cooperative Agreement. As a result, over the last three years of the project, EPB made a concerted effort to develop a plan for dissemination of EPB-developed products using core funds and core staff. Activities in this area included the following:

- < Development and maintenance of a library of literature and videos related to breastfeeding promotion. Included in the library are research articles from article reference services that were

purchased to keep staff abreast of issues important to breastfeeding. This library was transferred to Wellstart International's Corporate Headquarters in San Diego.

- < Development of a publications list/order form for EPB documents in FY'95. This list was expanded in FY'96 to include a short bibliography with descriptions of all products. These lists were disseminated widely through mail and e-mail.
- < Dissemination of EPB publications to key child survival, health, and family planning organizations, both in the United States and abroad; individuals interested in breastfeeding; and, USAID missions through the monthly mission mailings.
- < Development and maintenance of a publications tracking system that monitors type of document sent, quantity ordered, and the audience that request EPB documents.
- < Final dissemination of products through other cooperating agencies and key breastfeeding/child survival groups in more than 60 countries. Several groups were not only given copies of documents, but diskette versions of documents for reproduction and adaptation as appropriate.

### **Lessons Learned**

- < *International conferences helped to build up an extensive network of institutional support for breastfeeding policy reform.* These coalitions and alliances can continue to: monitor the policy environment; provide information for decision-makers; support local advocates with information and technical assistance; develop advocacy materials; promote policy reform at non-delivery-based hospital and health center facilities; prioritize the policy research agenda; encourage the inclusion of breastfeeding indicators in health and information systems; and, identify and publicize the needs of under-served populations, such as refugees. The ultimate test of the usefulness of international conferences will be the translation of formal policy statements into programs that are supported by adequate financial resources. International conferences can serve as a "shot in the arm" for policy reform, but policy reform is a long-term activity requiring years of policy learning, surveillance, and dialogue.
- < *Countries where authoritarian systems exist can serve as fertile ground for effective policy reform.* In the Newly Independent States (NIS), certain changes in hospital practices were relatively easy to implement due to the high percentage of hospital births and an authoritarian government system through which policies could be easily changed throughout the country via directives. In the Republic of Georgia, for example, the National Breastfeeding Committee revised maternity house guidelines in support of optimal breastfeeding practices through official decree. The approval of the decree by the Ministry of Health in April 1995 necessitated that chief doctors implement the new protocols.
- < *Information collection/dissemination should have been written into the Cooperative Agreement and initiated with the project.* This would have allowed for better organization of the library and a period of time for building of a broad dissemination list, as well as coordination with other agencies on best use of information generated by EPB.
- < *With the technology available today, information dissemination and computer/Internet technology must be thought of as partners.* All of EPB's publications could have been made available to a much

wider audience in a cost-effective manner through use of e-mail, World Wide Web, and anonymous file transfer protocol (ftp) sites.

- < *For expedient dissemination to take place, a review system should be in place for each subject early in the project.* Many EPB products took a longer than optimal time to be reviewed externally and by the corporate office before dissemination could take place.
- < *Writing and editing efforts should focus on shorter summary documents.* Those should include tables and graphics on key findings, be user-friendly (accessible layout with lots of white space), and be widely distributed. Audiences for each product should be defined early on to shape the overall design of the product.

### **Challenges for the Future**

Breastfeeding promotion needs to be continually integrated into other programs including family planning, diarrheal disease control, integrated case management, etc. This integration needs to include integration of breastfeeding into norms; integration of breastfeeding into information systems; and, integration of breastfeeding into monitoring and evaluation efforts.

### **Documents Available on EPB Policy Activities**

- < Issues in Breastfeeding Policy:
  - Breastfeeding is Remarkable
  - Breastfeeding and the Environment
  - Breastfeeding: A Natural Resource for Food Security
  - Breastfeeding: It's Good Food Policy
  - Breastfeeding and Family Planning: Saving Resources, Enhancing Care
  - Breastfeeding: Protecting a Natural Resource
  - Breastfeeding Saves Lives: The Impact of Breastfeeding on Infant Survival
  - Optimal Breastfeeding
  - Reproductive Rights: The Right to Breastfeed
  - The Mother-Friendly Workplace
  - Breastfeeding is a Feminist Issue: Women Have a Right to Choose Breastfeeding
- < Women, Work, and Breastfeeding:
  - Exclusive Breastfeeding and Maternal Employment: The Effect of Current Versus Usual Employment
  - Breastfeeding is a Feminist Issue
  - Composite video with one-page summary, Investing in the Future: Every Mother is a Working Mother
  - Every Mother is a Working Mother: Breastfeeding and Women's Work
  - Is Your Workplace Mother Friendly?
  - The Mother-Friendly Workplace
  - Reproductive Rights: The Right to Breastfeed
- < Breastfeeding Advocacy in International Conferences
- < Promotion of Exclusive Breastfeeding: A Review of Experience from the Field
- < Guidelines for Preparation and Organization of a National Breastfeeding Policy Workshop

- < An Analysis of the Economic Value of Breastfeeding in El Salvador
- < Application of the *Guide to Assessing the Economic Value of Breastfeeding* in El Salvador and Suggestions for Future Modification of the Guide
- < HIV and Breastfeeding: Making an Informed Choice (fact sheet)
- < HIV-1 Transmission and Infant Feeding: An Annotated Bibliography



### **Goal:**

Transfer knowledge and skills to protect, support, and promote breastfeeding practices.

### **Objectives:**

- < Provide technical assistance to country-level activities to enable representatives of collaborating organizations to design and implement training and follow-up activities and/or programs to improve optimal breastfeeding practices.
- < Provide technical assistance to develop the training capabilities and skills of in-country collaborating organizations.
- < Identify, adapt, and/or design training materials for breastfeeding programs, with emphasis on community-based approaches.
- < Maximize collaboration between the EPB and LME Programs to enhance program effectiveness and organizational strength.

### **In-Country Achievements**

EPB provided financial and technical support in training to eight long-term countries (Cameroon, Dominican Republic, Georgia, Honduras, Mexico, Nicaragua, Nigeria, and Pakistan) and to six short-term countries (Brazil, Colombia, El Salvador, Indonesia, Peru, and Uganda). In the short-term countries EPB responded to requests for technical assistance identified by the host country. In the long-term countries EPB provided technical support to the design and implementation of training programs following a model which included these components:

- < Assessing training needs prior to designing and implementing training programs and activities;
- < Developing a short-term and long-term strategy for training the targeted audience;
- < Developing/adapting and testing competency-based curriculum for training health workers at all levels;
- < Developing a core of master trainers<sup>1</sup> responsible for implementing training activities; and,
- < Conducting training-of-trainers workshops to train master trainers on how to use their country-specific training curriculum and on effective training techniques.

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<sup>1</sup>A *master trainer* is a professional trained in breastfeeding, curriculum development, appropriate use of curricula, facilitation skills, and program implementation.

The results of EPB's support to training in its long-term and short term countries is summarized in Tables 2 and 3, respectively. As shown in Table 2, not all long-term countries received technical support in all components of the proposed training model. This occurred for several reasons. In some countries limited funding and/or host government or USAID Mission policies determined the level of technical assistance provided to training programs, which meant that not all components of the proposed model were carried out. For example, in Mexico, despite the financial and technical support available to develop a long-term training strategy, the MOH did not see the need for such a strategy. In other countries, some of the components of the model were already in place (or taking place) prior to EPB's intervention.

### ***Information Exchange***

In addition to assisting training programs in host countries, EPB also supported information exchange meetings and sponsorships of host country nationals for brief study tours. EPB funded 75 key host country nationals to participate in Wellstart International's LME Program in San Diego. Individuals and teams from Brazil (1 person), Cameroon (11), CAR (15), Chad (5), Dominican Republic (1), Honduras (1), Nicaragua (7), Nigeria (3), Rwanda (6), Senegal (4), and WNIS (21) participated in the LME Program through EPB funding.

EPB also supported the following host country nationals to participate in educational tours and training workshops and conferences:

- < five Dominicans and one Honduran to attend a workshop on pre-service curricular reform in Guatemala;
- < ten LME Associates from Africa to visit General Hospital in Mexico City to view the operation of its National Center and Lactation Clinic;
- < four LME Fellows to visit the EPB and USAID offices in Washington, DC;
- < one Honduras Associate to attend a conference on cost-effectiveness of breastfeeding promotion held in Brazil;
- < a total of 32 representatives from Burkino Faso, Cameroon, Cote D'Ivoire, Guinea, Madagascar, Mali, Niger, and Senegal to attend the Regional Francophone Conference on training;
- < a total of 110 community support workers from Central America to attend a conference in Guatemala;
- < a total of 27 representatives from seventeen countries to participate in a workshop to disseminate the results and lessons learned from the EPB Program held in July 1996 in Easton, Maryland;
- < one Honduran to attend a PAHO meeting on pre-service curricular reform on control of diarrheal diseases; and,
- < one Honduran to a week-long training at the Breastfeeding Training Center in Mexico City.

### ***Capacity Building***

EPB developed in-country capacities by training and mentoring host-country counterparts to enable them to provide technical support in their area of expertise in their country and to other countries. Examples of capacity building included:

- < use of several host-country nationals from Mexico and Honduras to provide technical assistance in program design, curriculum development, pre-service curricular reform, trainings-of-trainers, and other training activities in Latin America and Pakistan;
- < use of an expert in strategic planning from Uruguay to co-facilitate the Regional Francophone conference on training; and,
- < development of master trainers who have expanded and transferred their skills throughout their country and to other countries in the region.

### ***Development of Training Products***

During the evolution of the EPB project a number of training products were developed. These included:

- < a prototype curriculum in Spanish for training hospital-based health care workers that has been adapted for use in Cameroon, Dominican Republic, Honduras, and Nicaragua;
- < a prototype curriculum in Spanish for training community-based health workers and counselors on breastfeeding promotion and lactation management. This curriculum forms part of the *Community-based Breastfeeding Support* trilogy and has been translated into English and French. It has been adapted for use in the Dominican Republic, Mexico, and Pakistan;
- < curricula for training hospital-based health care workers in Spanish, French, and Georgian;
- < curricula for training primary health care workers in English;
- < a curriculum for training nurse midwives in Spanish; and,
- < a report of the results of the Regional Francophone conference on training.

### ***Lessons Learned***

- < *Developing a long-term strategy prior to implementing a training program is an essential element of a successful training program.* While many components of the model are critical for the implementation of effective training programs, such as the development of a core of master trainers, long-term countries which developed a long-term strategy (Dominican Republic, Honduras, and the Republic of Georgia) were more likely to have:
  - successfully met training targets and even expanded training activities;
  - leveraged funding with other donors to sustain training activities;
  - sustained training activities once EPB support was terminated; and,
  - made pre-service reforms to include breastfeeding in pre-service training for medical and nursing students.

Conversely, the long-term countries (Cameroon, Mexico, and Nigeria) which did not develop a long-term strategy were less likely to train as many health care personnel, continue training activities, or make pre-service reforms, leaving the country dependent upon costly, donor-funded, in-service training programs.

- < *Developing local expertise contributes to sustainability of programs in the long run. However, EPB's use of local host country expertise as consultants to provide technical support to other host countries gives testimony to the true value of skills transfer.* This South-South transfer of skills enabled local counterparts to develop their expertise in-country and transfer their skills to other countries in collaboration with other host country counterparts facing similar health challenges and problems. Often times technical assistance from these local consultants was more widely accepted and valued by host country counterparts because they offered practical, proven, and relevant expertise in a situation similar to that of the host country. Through this South-South transfer of skills, local counterparts not only remain resources for their country but also for other countries in the region and around the world.
- < *While numbers were collected to quantify outputs in terms of the number of persons trained, data were not collected to measure the impact or determine cost-effectiveness of the training programs.* Therefore, the long-term impact of training programs could not be assessed. In the future, training programs should be designed with evaluation and monitoring indicators from the onset of the intervention.
- < *In monitoring training activities, it is essential that the proportion (not merely numbers) of staff within a particular facility or region be assessed.* Too often monitoring data reported by projects only referred to the total numbers trained, by type of health worker. This often reflected program objectives which commonly mentioned numbers of health workers to be trained, rather than *proportions* trained (coverage). Proposed proportions should be incorporated into the training strategy from the beginning.
- < *Curriculum reform in the long run is more cost-effective than in-service training.* However, the process is time-consuming and difficult, and often requires national consensus. It might be useful to support an in-depth assessment with facility members to learn about the constraints they see to modifying curricula and what strategies would work best to achieve reform. At this point, while no studies have shown the need and desire for curricula reform, little is known about how to expedite the process, other than by focusing on "natural leaders" who can encourage the process.
- < *Because of the current trend towards integration of health programs, revising a breastfeeding curriculum in isolation from other curricula is inefficient.* Future activities should focus on the technical assistance needed to promote integrated curricula reform and to develop systems to continually modify curricula as new evidence on treatment and prevention of illness is obtained.
- < *Having a critical mass of Wellstart Associates in-country was vital for the development of current, up-to-date and appropriate curricula for training health care providers.* When developing curricula on breastfeeding or incorporating breastfeeding into other curricula, it is essential that the curriculum developers are knowledgeable and up-to-date on lactation management.

### **Documents Available on EPB Training Activities**

- < Summary of EPB-Supported Curricula for In-Service Training (1992-1996)

- < Community-based Breastfeeding Support Trilogy:
  - A Planning Manual
  - A Guide for Trainers and Supervisors
  - A Training Curriculum

TABLE 2: *Training Activities Supported by EPB Long-term Country Program*

LONG-TERM COUNTRY PROGRAM	Cameroon	Dominican Republic	Georgia	Honduras	Mexico	Nicaragua	Nigeria
<b>HOSPITAL-LEVEL TRAINING</b>							
Training needs assessed	Yes	Yes	Yes	Yes	No	No	No (NGO focus)
Short-term strategy for training health care providers (HCP) developed	Yes	Yes	Yes	Yes	No	No	No
Long-term strategy for training HCPs developed	No	Yes	Yes	Yes	No	No	No
Curriculum for training HCPs developed/adapted	Yes	Yes	Yes	Yes	Yes (a prototype)	No	No
Length of training	40 hours	• 40 hours • 18 hours	40 hours	30 hours	40 hours	No	Not applicable
Training-of-trainers conducted on how to use HCP curriculum	No	Yes	Yes	Yes	Yes	No	No
Number of HCP master trainers trained	0	9	8	41	10	0	0

<b>LONG-TERM COUNTRY PROGRAM</b>	<b>Cameroon</b>	<b>Dominican Republic</b>	<b>Georgia</b>	<b>Honduras</b>	<b>Mexico</b>	<b>Nicaragua</b>	<b>Nigeria</b>
Number of physicians trained (funded by UNICEF)	32	542	293	135	214	0	0
Number of nurses trained (funded by UNICEF)	158	270	20	233	121	0	0
Number of others trained (funded by UNICEF)	6 (nutritionists)	<ul style="list-style-type: none"> <li>• 1,232 (auxiliary staff)</li> <li>• 1,460 (admin. staff-eight-hour training)</li> </ul>	15 (midwives)	596 (auxiliary)	44 (nutritionists, social workers)	0	0
Training site(s)	<ul style="list-style-type: none"> <li>• Far North Province</li> <li>• South Province</li> <li>• Centre Province</li> <li>• Littoral Province</li> </ul>	All 7 Regions	<ul style="list-style-type: none"> <li>• Tbilisi</li> <li>• Kutaisi</li> <li>• Zugdidi</li> <li>• Senaki</li> <li>• Telavi</li> <li>• Poti</li> <li>• Batumi</li> </ul>	<ul style="list-style-type: none"> <li>• Metropolitan Region</li> <li>• Region III</li> </ul>	National Breastfeeding Center (CENLAM)	0	Not applicable
Time frame	6 months	3 years	4 months	15 months	3 years	Not applicable	Not applicable
<b>PRIMARY HEALTH CARE (PHC) LEVEL</b>							

<b>LONG-TERM COUNTRY PROGRAM</b>	<b>Cameroon</b>	<b>Dominican Republic</b>	<b>Georgia</b>	<b>Honduras</b>	<b>Mexico</b>	<b>Nicaragua</b>	<b>Nigeria</b>
Training needs assessed	No (Hospital focus)	No (Hospital & community focus)	No (Hospital focus)	Data not available	No	No	No
Short-term strategy for training HCPs developed	No	No	No	Yes	Yes	Yes	Yes
Long-term strategy for training HCPs developed	No	No	No	Data not available	No	No	No
Curriculum for training primary care HCPs developed/adapted	No	No	No	Same as for training hospital based HCP	Adapted from prototype HCP curriculum	Being adapted	<ul style="list-style-type: none"> <li>• BF and Infant Nutrition</li> <li>• Adult Education Principles and Techniques</li> </ul>
Length of course	Not applicable	Not applicable	No	30 hours	18 hours	Data not available	18 hours
Training-of-trainers conducted on how to use curriculum	0	0	0	Same as HCP trainers	Yes	No	Yes
Number of master trainers trained	0	0	0	HCP trainers	31	160	29

<b>LONG-TERM COUNTRY PROGRAM</b>	<b>Cameroon</b>	<b>Dominican Republic</b>	<b>Georgia</b>	<b>Honduras</b>	<b>Mexico</b>	<b>Nicaragua</b>	<b>Nigeria</b>
Number of physicians trained	0	0	0	74	169	see below	93 TBAs
Number of nurses trained	0	0	0	94	241	see below	170 VHW/TBA
Number of others trained	0	0	0	184 (auxiliaries)	80 (health promoters and others)	960 (doctors, nurses, and auxiliaries)	(see community)
Training site	Not applicable	Not applicable	Not applicable	<ul style="list-style-type: none"> <li>• Metropolitan region</li> <li>• Areas 1 and 2</li> <li>• Region III</li> </ul>	State of Tamaulipas	<ul style="list-style-type: none"> <li>• Managua</li> <li>• Matagalpa</li> </ul>	<ul style="list-style-type: none"> <li>• Oyo</li> <li>• Osun</li> <li>• Jigawa</li> </ul>
Time frame	Not applicable	Not applicable	Not applicable		3 months	5 months	6 months
<b>PRE-SERVICE REFORM</b>							

<b>LONG-TERM COUNTRY PROGRAM</b>	<b>Cameroon</b>	<b>Dominican Republic</b>	<b>Georgia</b>	<b>Honduras</b>	<b>Mexico</b>	<b>Nicaragua</b>	<b>Nigeria</b>
	None to date	<ul style="list-style-type: none"> <li>• Faculties of Medicine incorporating changes in pre-service curriculum</li> <li>• Plan developed to implement changes in curriculum</li> </ul>	Initiated pre-service curriculum reform	Changes made to pre-service curriculum	None	Initiating pre-service reform through LME	None to date
<b>COMMUNITY-BASED LEVEL</b>							
Training needs assessed	No (Hospital focus)	Yes (NGO focus)	No (Hospital focus)	Yes	No	No	No
Short-term strategy for training developed	No	Yes	No	Yes	Yes	No	Yes
Long-term strategy for training developed	No	Yes	No	Yes	No	No	No
Curriculum for training community workers developed/adapted	No	Yes	No	Yes	No	No	BF and infant nutrition (same as PHC)
Length of course	Not applicable	18-20 hours	Not applicable	40 hours	Data not available	Not applicable	18 hours

<b>LONG-TERM COUNTRY PROGRAM</b>	<b>Cameroon</b>	<b>Dominican Republic</b>	<b>Georgia</b>	<b>Honduras</b>	<b>Mexico</b>	<b>Nicaragua</b>	<b>Nigeria</b>
Training-of-trainers conducted on how to use curriculum	0	Yes	0	Yes	Not applicable	Yes (on mother-to-mother support techniques)	Same as PHC
Number of community-level master trainers trained	0	23	0	12	LLL/M trainers	No	Same as PHC
Number of community workers trained	0	178	0	714	24	17	9 CHWs 25 CBDs
Training site	Not applicable	Data not available	Not applicable	<ul style="list-style-type: none"> <li>• Region III: <ul style="list-style-type: none"> <li>- Metropolitan area</li> <li>- Area 1</li> <li>- Area 2</li> </ul> </li> <li>• Metropolitan Region</li> </ul>	Magdalena community in Nezahualcoyotl	Managua	<ul style="list-style-type: none"> <li>• Osun</li> <li>• Jigawa</li> </ul>
Time frame	Not applicable	15 months	Not applicable	3.5 years	2 years	1 month	6 months

TABLE 3: *Training Activities Supported by EPB Short-term Technical Assistance*

SHORT-TERM COUNTRY PROGRAM	Brazil	Colombia	Indonesia	Pakistan	Peru	Uganda
<b>HOSPITAL-LEVEL TRAINING</b>						
Training needs assessed	No	Yes	Yes	No	Yes	Yes
Short-term strategy for training health care providers (HCPs) developed	No	Yes	No	No	Yes	Yes
Long-term strategy for training HCPs developed	No	No	Yes (Five Year Nat'l Plan)	No	No	No
Curriculum for training HCPs developed/adapted	Yes	No	No	No	Yes	Yes, BF incorporated into CDD module
Length of training	40 hours	Not applicable	Not applicable	No	80 hours	18 hours
Training-of-trainers	Yes	Not applicable	No	No	Yes	Yes
Number of master trainers trained	10	Not applicable	Not applicable	0	19	9
Number of physicians trained	0	0	0	0	0	Data not available
Number of nurses trained	0	0	0	0	0	Data not available
Number of others trained	0	0	0	0	±200 (midwives)	Data not available

<b>SHORT-TERM COUNTRY PROGRAM</b>	<b>Brazil</b>	<b>Colombia</b>	<b>Indonesia</b>	<b>Pakistan</b>	<b>Peru</b>	<b>Uganda</b>
<b>PRIMARY HEALTH CARE</b>						
Training needs assessed	Not applicable	Not applicable	Yes	No	No	Yes
Short-term strategy for training HCPs developed	Not applicable	Not applicable	No	No	Yes	Yes
Long-term strategy for training HCPs developed.	Not applicable	Not applicable	Yes (Five Year Nat'l Plan)	No	No	No
Curriculum for training primary care HCPs developed/adapted	Not applicable	Not applicable	Not applicable	No	Pre-service changes in faculties of midwifery	Data not available
Length of course	Not applicable	Not applicable	Not applicable	Not applicable	80 hours	Same CDD/BF module mentioned above
Training-of-trainers conducted on how to use curriculum	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	No
Number of master trainers trained	0	0	0	0	0	No
Number of physicians/nurses trained	0	0	0	0	0	Data not available
Number of nurses trained	0	0	0	0	0	Data not available

SHORT-TERM COUNTRY PROGRAM	Brazil	Colombia	Indonesia	Pakistan	Peru	Uganda
<b>PRE-SERVICE REFORM</b>						
	Changes made to pre-service curriculum	None to date	None to date	Data not available	<ul style="list-style-type: none"> <li>• Faculty of Midwifery in Ayacucho incorporated changes to pre-service curriculum.</li> <li>• Four Faculties of Midwifery in other regions initiating changes in pre-service curriculum.</li> </ul>	Data not available
<b>COMMUNITY-BASED TRAINING</b>						
Training needs assessed	No	No	No	No	No	Yes
Short-term strategy for training developed	No	No	No	No	No	Yes
Long-term strategy for training developed	No	No	No	No	No	No
Curriculum developed for training community workers developed/adapted	No	No	No	In process	No	Draft modules developed
Length of course	Not applicable	Not applicable	Not applicable	Undetermined	Not applicable	Undetermined

<b>SHORT-TERM COUNTRY PROGRAM</b>	<b>Brazil</b>	<b>Colombia</b>	<b>Indonesia</b>	<b>Pakistan</b>	<b>Peru</b>	<b>Uganda</b>
Training-of-trainers conducted on how to use curriculum	0	0	0	17 on counseling techniques	0	No
Number of community level master trainers trained	0	0	0	0	0	0
Number of community workers trained	0	0	0	0	0	Data not available
Training sites	Not applicable	Not applicable	Not applicable	Islamabad	Not applicable	Data not available
Time frame	Not applicable	Not applicable	Not applicable	1 month	Not applicable	Not applicable



If breastfeeding prevalence were measured solely by initiation rates, it might be considered near universal among mothers in the third world. Unfortunately, a high proportion of mothers supplement prematurely or discontinue breastfeeding entirely because of perceived problems, such as insufficient milk or misguided technical advice. Demographic and Health Surveys (DHS) data indicate that initiation rates in Latin America range from 84% (Mexico) to 98% (Bolivia), but that exclusive breastfeeding until four months ranges from only 4% (Brazil) to a peak of 59% (Bolivia).

Because support to mothers can be effective in increasing rates of exclusive breastfeeding, one of EPB's key objective areas was community outreach. EPB was charged with defining models for increasing rates of exclusive breastfeeding; assisting countries in designing, strengthening, or expanding outreach to women; and documenting experiences of community-level breastfeeding support programs. The three major programmatic areas designated for outreach activities were education and counseling during the prenatal and postnatal periods, establishment and encouragement of community-based breastfeeding support systems, and strategies for enabling working women to breastfeed.

Two events guided the development of EPB's outreach activities: a July 1992 mini-TAG meeting on mother-to-mother support; and, a regional mother-to-mother support conference in Guatemala held in November 1992 that brought together mother-to-mother support and community breastfeeding support groups from 22 countries. Through these activities, several needs for the development of community outreach programs in breastfeeding were expressed, including the need for: guidelines for implementing Step #10 of the Baby-Friendly Hospital Initiative (BFHI) on community-level outreach; strengthening institutions and ministries of health to extend their service delivery into their communities; and, knowledge of community support alternatives.

As EPB began to develop outreach activities, challenges quickly became apparent:

- < Most people working in the fields of health and development were unfamiliar with the concept of community-based breastfeeding support.
- < There were few models and no tested strategies for implementing community-based breastfeeding support.
- < Few individuals or organizations in the field had the combination of expertise in breastfeeding counseling and support, as well as knowledge and skill in community organization and program development.
- < Existing health information systems did not monitor breastfeeding outputs or processes in a way that could provide information on community-oriented outcomes or impact.

During EPB's first two years, efforts concentrated on a situation analysis of the "state-of-the-art" in community breastfeeding and development of a strategic plan to respond to the needs identified through this analysis. The situation analysis indicated that effective promotion of breastfeeding at the community level would require the development of strategies that could guide programmatic development, adapt to specific country situations, and document impact. It was clear that the funding and regional limitations of the EPB Cooperative Agreement made prioritization essential.

A series of consultations, visits, and meetings suggested that Latin America was the region with the most mature community-based breastfeeding activities in the developing world and would offer the richest variety of opportunities for documentation and implementation. In February 1994 a group of experts in community breastfeeding met to

develop a *Strategic Plan for Development of Community Support Systems in Latin America*. They identified the need for:

- < Guidelines for implementing community support to breastfeeding;
- < Training curricula for community-level counseling and support;
- < A supervision model for community-based activities;
- < Institutional strengthening; and,
- < Monitoring and evaluation tools specific to community-based activities.

### ***Development of a Breastfeeding Community Support Model***

The recommendations that grew out of the situation analysis and strategic planning meeting helped to shape EPB's workplan for the remainder of the program. One priority was the development of a breastfeeding community support model. The term "community" can refer to several neighborhoods, a town, a city, or some other geographic region. For individuals working through the formal health system, "community" may mean their colleagues and clients. The term "support" implies sharing information in a culturally appropriate manner, modeling optimal breastfeeding practices, and enabling mothers to make informed choices among alternate behaviors.

Out of the experiences of EPB and other groups, the field testing of resource materials and tools, and the findings of research studies, a model emerged. The main elements of the Breastfeeding Community Support Model are planning, implementation, and monitoring and evaluation. These elements, as illustrated in the diagram below, are inter-related. For example, information collected during monitoring and evaluation feeds back into implementation and ultimately back to the beginning of the planning cycle. Neglecting any of the elements of the model will threaten the sustainability of a program.

The Breastfeeding Community Support Model (Figure 2) is a process model incorporating components of community development, planning, management, and mother support models. Features of successful community-based breastfeeding support programs that use this model include:

- < Community participation in planning and development of activities and materials;
- < Mother-to-mother and peer counseling;
- < Mother-to-mother support groups;
- < Community educational sessions;
- < A network of trained counselors, promoters, and health care workers;
- < A system for supportive supervision; and,
- < Program monitoring and evaluation.

### ***Breastfeeding Community Support Model***

The shaded box in the diagram of the model indicates the importance placed on mother-to-mother and peer counseling, mother-to-mother support groups, and community education. The emphasis placed on these activities distinguishes the Breastfeeding Community Support Model from many community development models.

FIGURE 2: *Breastfeeding Community Support Model*

Lessons learned in the development and implementation of the Breastfeeding Community Support Model are described on the following pages. Elements of the Breastfeeding Community Support Model are discussed in-depth in several resources developed by EPB:

- < *Community-based Breastfeeding Support Trilogy:*
  - *A Planning Manual*
  - *A Training Curriculum*
  - *A Guide for Trainers and Supervisors*
- < *Tool Kit for Monitoring and Evaluating Breastfeeding*

## **Lessons Learned in Community Outreach**

### **Planning**

- < *The planning process should involve the community in a community assessment.* Before developing interventions to support breastfeeding, an assessment should be conducted to gather information on prevailing breastfeeding practices in a community and the cultural, economic, and social factors that influence them. Identifications of community organizations and services that offer or could offer breastfeeding support is also important. Community participation in this process helps to raise consciousness and mobilize community support.
- < *The UNICEF Triple A approach (Assessment, Analysis, and Action) is a valid approach for engaging the community in the planning process.* Through problem identification, the community is better able to identify potential target groups, interventions, and strategies. The strategy for addressing a problem, such as low rates of exclusive breastfeeding, will be influenced by an organization's priorities, target population, and resources. Activities chosen for applying the strategy should be selected with careful thought to ensure that the interventions are appropriate for the community and are an effective means for bringing about change.
- < *Program activities should be carefully targeted.* Target populations of community-based counseling and support programs are usually pregnant women, mothers of infants, health workers, and family and community members who influence breastfeeding decisions. The following lessons about careful targeting of populations were learned through EPB and some of its research studies:
  - Focus on first-time mothers;
  - Focus on mothers during pregnancy and during the first week and month postpartum;
  - Design specific interventions for immediate family members and neighbors; and,
  - Target both urban and rural populations.

### **Implementation**

#### *Individual Counseling, Support Groups, and Community Education*

Activities in successful community-based breastfeeding programs often include interpersonal counseling, support groups, and community education. In a survey of 31 NGOs in Latin America that provide breastfeeding support, 68% reported that they offer individual and group counseling, 19% counsel only through group meetings, and 13% provide only individual counseling. There is a role for each type of activity, as indicated in the “lessons learned” below.

- < *A network of trained and supervised breastfeeding counselors (usually mothers) living in the community is an effective way of improving availability, accessibility, and the quality of care.* Mother-to-mother support is a powerful strategy for catalyzing change and bringing knowledge to a community. The success of community-based counselors stems from their practical skills, knowledge and understanding of cultural norms, ability to provide ongoing support, personal commitment, effective communication, and rapport with mothers.
- < *Mother-to mother support groups play a key role in modeling behavior and in identifying future volunteers for community-based breastfeeding activities.* Support groups are low-cost vehicles for many kinds of health-promoting activities. Research indicates that support groups augment the effect of interpersonal counseling. Mother-to-mother support can take place in any meeting without it being specifically focused on

breastfeeding, as long as the format is open and participatory, so that group members, not facilitators, “own” the meeting.

- < *For sustainability of support groups, greater attention needs to be given to training and supervision of breastfeeding counselors.* There is a great deal of movement in and out of support groups. As long as a core group remains active, it will provide a base for future volunteers. Improving the quality of the meetings by using guidelines for making them forums for learning and mutual support can increase continued participation.
- < *Home visits are an important means for promoting exclusive breastfeeding and may be the most sustainable aspect of community work in breastfeeding.* Home visits are particularly effective during the early weeks postpartum when women are establishing lactation. The combination of both home visits and support groups may have an even greater impact on exclusive breastfeeding rates than home visits alone. A recent analysis suggests that many breastfeeding counselors continue to make home visits years after support for program activities has ended; fewer counselors continue to conduct support group meetings.
- < *Messages need to target key behaviors that impede optimal infant feeding.* An EPB research study in Mexico found that the prevalence of exclusive breastfeeding increased because breastfeeding counselors made home visits to women during pregnancy and the first few months postpartum. They tied their messages to key behaviors that had been identified during an ethnographic study of cultural beliefs and social influences associated with infant feeding practices rather than to more general messages frequently used in other projects.
- < *Integration of breastfeeding support into other programs is feasible but is often not practiced.* Contacts with health workers at growth monitoring, prenatal, well baby, immunization, and family planning sessions offer excellent opportunities for individual counseling on breastfeeding. These opportunities are often lost because of a single-minded focus, insufficient knowledge about breastfeeding, and lack of counseling skills. A better understanding of the barriers to the integration of services is needed along with the development of different approaches for integration of breastfeeding in each sector.

## *Training*

Individuals providing breastfeeding support are often peer counselors, health care professionals, hospital-based promoters, multi-purpose health care promoters, traditional health care providers, and breastfeeding advocates. The type of worker that is selected depends on a program’s objectives and target population. For instance, a male health promoter or a single woman with no breastfeeding experience but with communication skills may be a good candidate for promoting breastfeeding at special community events. This person will not, however, be the best candidate for facilitating discussions at mother support group meetings.

Regardless of the type of service provider that is selected, some type of training will likely be required before many activities in community-based breastfeeding programs can proceed. Consequently, one of the top priorities at the beginning of a program is the development of a training plan. Listed below are lessons learned as they relate to training for community-based breastfeeding programs.

- < *Health personnel at all levels need to have at least basic lactation management education (UNICEF eighteen-hour course or equivalent) before community-based training begins.* This training is essential to ensure credibility of community counselors and consistency of messages. It also increases the chances for the integration of breastfeeding in other community-based activities and enhances the ability of the health system to meet increased demands for breastfeeding services.

- < *The long-term sustainability of community-based breastfeeding promotion is intimately linked to changes in the basic training of health professionals.* In-service training usually provides a basic, sometimes remedial understanding of the information, with no opportunity for hands-on practice. In the long run, pre-service education is a more cost-effective approach. It reaches all health workers, including those who work in the community and those who influence policies that affect community-based activities.
- < *Many existing trainers will need additional training on breastfeeding, counseling skills, participatory training techniques, and adult learning principles.* Open, democratic group facilitation skills are not instinctive and may run counter to most individuals' experience in group settings, either through formal or adult education. Experience has shown that community workers using participatory and open group discussion are more successful at generating discussions among mothers on breastfeeding-related topics.
- < *Improving the quality of care requires placing greater emphasis on improving the counseling skills of service providers.* Service providers, no matter how technically competent, need good counseling and interpersonal skills to effectively provide services and counseling to mothers and families. An approach to mothers that is based on listening and counseling rather than lecturing and "canned talks" is what is needed at all levels throughout the service delivery system, from hospital personnel to community volunteers.
- < *A successful training model at the community level should be practical and participatory.* It combines elements of apprenticeship/observation (such as learning by participating in a La Leche League support group); basic training in lactation management, counseling, and facilitation skills; refresher courses; and mentoring and modeling during supervisory visits. Training courses should be responsive to the experiences and needs of those being trained and provide opportunities to practice skills being taught in the community or health clinics.

### *Supervision*

- < *The model for supervision at the community level should be one of guidance, support, education, and encouragement.* This model focuses on people and ways to improve performance. It stands in contrast to models associated with inspection, control, and criticism. Although many organizations complain that supervision is difficult because of lack of staff, resources, or transport, there is no justifiable basis for neglecting supervision. Continual feedback provides valuable information on the status of activities. This sharing of information serves as the foundation for a monitoring system, indicates to field participants and the headquarters staff what adjustments may be needed in the program, and improves performance.
- < *Supervision at the community level should focus on motivation of staff volunteers.* Staff retention of knowledge and skills helps to ensure continuity, build a network of experienced community-based workers, and reduce additional training costs. Volunteers often quit because they lose interest, feel unappreciated, lack family support, seek paid employment, or become discouraged when mothers fail to attend meetings or change their behaviors immediately. Programs need to find ways of maintaining staff morale and enthusiasm. It helps to ask the volunteers themselves what is most important to them. In some cases this may be personal and public recognition, training, income-generating opportunities, or incentives, such as stipends, free medical services, or food rations. Close monitoring and motivational supervision would help to address and meet volunteers' needs.

### *Monitoring and Evaluation*

- < *Programs need to document coverage.* It is difficult to measure impact without knowing coverage. At present, very few community breastfeeding groups use instruments that can document coverage. Recognizing that many outreach programs neglect monitoring and evaluation, EPB developed a *Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs*. The guidelines suggest tools and indicators for measuring impact and coverage.
- < *Mapping is an effective way of collecting “baseline” information on the number and location of pregnant women and mothers of infants in the community.* Community members can assist in mapping the program area. The information collected helps to establish a baseline against which program goals and coverage can be measured and to determine intervention sites.
- < *Community volunteers can effectively monitor outcomes.* A simple monitoring form for use during monthly home visits can be used to measure changes in breastfeeding practices. A few key breastfeeding indicators, such as those suggested by the World Health Organization, should be incorporated into the community assessment of all health or development interventions.
- < *Implementation of monitoring and evaluation at the community level requires technical support at certain key points.* For example, assistance may be needed in helping the community in setting up the monitoring process, interpreting the data, and using the data for decision making and planning.

### ***Recommendations for Future Programming***

While the experience to date has been rich, there is considerably more to be done in expanding and strengthening community-based breastfeeding promotion. Recommendations for future efforts to promote, protect, and support breastfeeding at the community level are presented below.

- < *Respond to focused requests from the field for technical assistance.* The role of projects such as EPB is that of facilitator, providing technical assistance to countries that must take responsibility for the development and implementation of their own national plans. Community organizations have requested assistance in designing monitoring systems, developing and pretesting materials, training staff, developing curricula, writing fund-raising proposals, and establishing electronic networks for the exchange of experiences. A key lesson learned through EPB is that technical assistance, to be helpful at the community level, should be:
  - Process oriented;
  - Intermittent, but consistent, for developing local capacities;
  - On-site, practical, and participatory (doing *with* as opposed to doing *for*);
  - Offered to self-selected participants based on interest and commitment;
  - Oriented toward information sharing and networking; and,
  - Supportive of data collection for analysis, decision making, and planning.
- < *Strengthen established networks.* NGOs, with their vast networks, should be an integral part of any strategy to improve community-based breastfeeding programs. Some examples of work to be done that would be immediately helpful for NGOs include a thoughtful review of the indicators, suggested activities, and goals of the Private Voluntary Organization (PVO) Child Survival matching grants program and development of a steering committee of emergency relief organizations to operationalize nutrition guidelines for emergencies.
- < *Facilitate public-private partnerships.* It is important to ensure that the public sector’s role in sustainability is understood and valued and to acknowledge the role of the private sector and its ability to “push” the formal health system to review and adopt innovations in service delivery.

- < *Promote, disseminate, and adapt materials for community-based activities.* The resources that EPB has developed for community work are based on field experiences and tested in the field. With slight modifications and translations into local languages, the manuals, tool kits, counseling cards, and other resources can be used in a variety of settings.
- < *Improve information exchange and communication.* Communications can be expanded and improved through:
  - An electronic international, regional, or national network of breastfeeding support organizations;
  - A mother support multi-language newsletter, available online;
  - A database of community-based support groups; and,
  - Inter-agency coordination.
- < *Develop and test quality control monitoring instruments for health facilities.* These monitoring instruments could be used to assist hospitals and health centers in identifying ways to become more client-centered and supportive in their relationships with mothers.
- < *Document program impacts.* Programs should continue to document the impact, long-term sustainability, and cost-effectiveness of activities, including programs in countries where some or all of the guidelines developed during EPB have been field-tested. These countries include Bolivia, Dominican Republic, Guatemala, Honduras, Mexico, Nicaragua, and Peru. Organizations in other regions should be identified that are interested in strengthening their capabilities and documenting impact through the use of EPB's management, monitoring, and evaluation guidelines. Another important activity should be documentation of the processes, outcomes, cost-effectiveness, and sustainability of several counseling and education models (counseling through home visits, support groups, community education, or various combinations of these forms of counseling).
- < *Strengthen the management and administrative capacity of community-based organizations.* Many breastfeeding promotion and support programs are still in their infancy. They need assistance to improve the management of their organizations, including financial management and fund raising.
- < *Expand and extend the experiences in Latin America and the Caribbean to other geographic regions.* The lessons learned in community-based breastfeeding support in Latin America have been rich and plentiful. The challenge now is to extend these opportunities and benefits to Africa and Asia.

### ***Documents Available on EPB Community Outreach Activities***

- < Community-based Breastfeeding Support Trilogy:
  - A Planning Manual
  - A Guide for Trainers and Supervisors
  - A Training Curriculum
  
- < Nurturing Our Communities: Lessons Learned in Community Outreach in the Latin American and Caribbean Region
  
- < Infant Health and Infant Feeding Practices in El Progreso and Puerto Cortes, Honduras: Baseline Survey 1995 to Evaluate Community-based Breastfeeding Promotion Activities
  
- < Strategic Plan for Development of Community Support Systems in Latin America



## ***Social Marketing & Communications***

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### **Goals:**

- < Employ communication and social marketing techniques to promote breastfeeding among strategic target groups, such as mothers, families, health workers, NGOs, and policy makers;
- < Sensitize local personnel to the importance and power of systematic social marketing; and,
- < Familiarize local personnel with the social marketing processes and foster institutionalization of these processes.

### **Objectives:**

- < Assist in the design and implementation of public and private sector country social marketing efforts;
- < Provide training in social marketing;
- < Develop and disseminate breastfeeding promotion materials;
- < Develop and disseminate qualitative research series on breastfeeding; and,
- < Produce papers/publications on EPB experience in social marketing and communications.

### **Social Marketing Programs**

EPB's social marketing work involved not only carrying out various stages of the social marketing process, but also training local counterparts during the process. (See individual country plans for more detail on the sequence of activities.)

- < *Nicaragua*—Following a breastfeeding assessment in 1994, EPB and The Manoff Group, along with the Nicaraguan Ministry of Health, began a social marketing program to support breastfeeding. Activities began with qualitative research. This research consisted of focus groups with mothers, fathers, and grandmothers; household action trials with mothers; interviews with health workers; and mystery client visits to health centers. This qualitative information was used as a basis to formulate a breastfeeding communications strategy.

The communication plan focused on several key messages: exclusive breastfeeding for six months; almost all women can produce enough quality milk to breastfeed exclusively; and, the more you breastfeed, the more milk you will have. Additional secondary messages and more complex messages were also included. Target audiences included first-time mothers, moderate- and low-income mothers, grandmothers, fathers, health workers, and private physicians. Mass media and interpersonal channels of communication were utilized.

An advertising firm produced the following materials under the direction of EPB, The Manoff Group, and the MOH:

- < radio spots in dialogue form;
- < two television spots (production paid for by UNICEF, air time by EPB);
- < counseling aids for health workers;
- < simple reference materials for health workers and community groups;
- < cassettes with recorded dramas;
- < a video to motivate mothers to breastfeed optimally and help overcome barriers;

- < a video to instruct mothers on how to manually express their milk;
- < a video for motivating hospital workers to participate in the BFHI;
- < informational packets for the media;
- < technical packets for private physicians; and,
- < brochures summarizing key messages.

Project launch activities were covered on television, and one station also showed the project's videos. Television and radio spots were being aired nationally. In-service health worker training on technical aspects of breastfeeding, counseling, and use of print materials was concentrated in two local health system areas (Managua and Matagalpa) which included roughly 50% of the population. Training teams from all health centers in the target areas were trained. Discussions were carried out with other organizations to scale up training and produce additional copies of materials in order to provide coverage for the entire country. In addition to clinic-level training, educational visits to private pediatricians were also conducted to persuade this target audience to promote exclusive breastfeeding.

Since use of the materials did not begin until the final months of EPB, there was not time for full-scale monitoring and adjustments. Nevertheless, an initial monitoring study was carried out in September. Mothers, health workers, and physicians were interviewed. Monitoring instruments were left in country so further monitoring could take place after the close of EPB.

- < *Senegal*—An assessment of the status of breastfeeding in Senegal was conducted by EPB staff in October 1994. In April 1995 EPB began work with a consultant, Dr. Judi Aubel, and the MOH in Dakar to design a qualitative research study for Senegal. The research conducted during the following months examined the status of infant feeding in Senegal as well as cultural aspects surrounding women and breastfeeding. A workshop was held to review and share the workshop results among key government organizations, NGOs, and other cooperating agencies.

In a message development workshop in January 1996, key messages and materials were planned. Materials included a flipchart for the community level focused on key breastfeeding practices and ways mothers could implement them despite their heavy daily workload. The following themes were covered in the ten-page flipchart:

- < Nutrition for pregnant women;
- < Workload of pregnant women;
- < Early initiation;
- < Exclusive breastfeeding;
- < Frequency of breastfeeding;
- < Duration of breastfeeds;
- < Production of breastmilk;
- < Nutrition of breastfeeding mothers; and,
- < Complementary feeding.

Handouts for mothers contained replications of the flipchart images as well as key messages translated into local languages. After community training using the flipchart, the handouts were given to mothers to help reinforce the messages that were presented.

Three radio spots were also developed in three local languages to address some of the more difficult issues. The spots were dialogues between a mother and various influentials—a grandmother, a TBA, and a friend. The topics covered were early initiation, exclusive breastfeeding (not giving water or any other liquids), and

the production of breastmilk (the more a mother breastfeeds, the more milk she will produce). These radio spots were aired on both private and public radio stations with coverage throughout Senegal.

- < *Nigeria*—Under EPB’s subcontract with The Manoff Group, Kate Dickin worked with EPB’s Resident Advisor, Dr. Olyinka Abosede, and two research firms, CHEPON and RMS, to design qualitative research in Oyo/Osun and Jigawa States. Two workshops were held to train interviewers in focus group and behavioral trials methodology. Studies were conducted in the Spring of 1995. After a delay due to suspension of U.S. assistance to Nigeria, a strategy formulation workshop was held in October. The research findings were used to design a behavior change strategy which consisted mostly of communication and training activities.

Mike Favin, also with The Manoff Group, worked with the Johns Hopkins University/Population Communication Services (JHU/PCS) and EPB to outline IEC materials based on the qualitative research for use in counseling and community education programs. Each type of material developed was designed to address resistances identified in the research findings and/or provide information on concepts relevant to breastfeeding and infant nutrition. By July 1996 three advertising/materials development firms produced the following IEC materials for use in Oyo, Osun, and Jigawa States:

- < three posters (each in Yoruba, Hausa, and English);
- < three stickers (each in Yoruba, Hausa, and English);
- < a counseling flipchart (in Yoruba, Hausa, and English);
- < six 60-second radio spots (each in Yoruba, Hausa, and Pidgin English);
- < a 25-minute video drama (in Yoruba, Hausa, and Pidgin English);
- < handmade dolls and breast models;
- < aprons for community mobilizers;
- < health worker pins; and,
- < cloth bags.

The staff of participating NGOs received print materials and orientation from Dr. Abosede in June 1996. The six 60-second radio spots were aired on radio stations in all three states a total of 1,380 times. The video dramas were presented in communities via mobile monitors and VCRs. UNICEF printed EPB posters for the entire country.

- < *Cameroon*—After learning that the USAID/Yaounde mission would be closing in June 1994, EPB made an intensive effort to leave skills and materials in place so that local counterparts could continue their breastfeeding promotion work. In January 1995 EPB’s Social Marketing Advisor worked with local staff to conduct a rapid assessment of breastfeeding practices and promotion. During that same trip, basic materials were developed, including a set of information sheets for health providers, each on a different topic identified during the assessment as problematic in Cameroon, as well as a poster advocating exclusive breastfeeding for six months. EPB tested the poster which UNICEF printed and distributed.

To integrate breastfeeding into ongoing programs, Wellstart worked with the MOH/World Bank/CARE Nutrition Education project to develop a communication strategy for breastfeeding as well as other nutrition behaviors. A week-long workshop, which included basic social marketing techniques, was held for teams from three regions of Cameroon. EPB sponsored an additional consultancy to work with CARE to develop a baseline study of nutrition knowledge and practices, with an emphasis on breastfeeding. A complete evaluation of EPB’s work in Cameroon was conducted in early 1996.

- < *Armenia*—In response to a local crisis resulting from the withdrawal of formula donations to Armenia, EPB conducted a national breastfeeding assessment. Then, with support from The Manoff Group, the MOH launched a full-fledged campaign to promote exclusive breastfeeding for young infants. The campaign included a television ad, radio spots, newspaper ads, and a brochure for mothers. A launch ceremony, attended by the press, kicked off the campaign. The television ad ran for eight weeks during the fall of 1994. An evaluation done a year after the campaign showed an impressive recall rate of the television ads and brochures of over sixty percent for mothers with infants 0-14 months.

### ***Social Marketing Technical Assistance***

- < *Pakistan*—As part of the bilateral Pakistan NGO Initiative (PNI) project, EPB, along with MotherCare and BASICS, received add-on funds to provide technical assistance for health-related activities. In December 1995, EPB staff and a Manoff Group consultant initiated technical assistance for IEC materials development. The team met with five selected NGOs to review qualitative research on breastfeeding previously done by The Manoff Group and to determine what IEC materials could best support NGO infant feeding promotion.

NGOs selected two types of materials: (1) education and counseling cards, and (2) audio discussion tapes for use with groups. In March, The Manoff Group returned to Pakistan to organize a pre-test of draft materials in NGO outreach areas and to provide training in pre-test methodology to NGO staff. The cards and audio cassette were then finalized and translated from Urdu into four local languages.

In July 1996, EPB conducted a training-of-trainers workshop on breastfeeding and the use of the IEC materials. The training also emphasized interpersonal communications/counseling skills, a need seen in the pre-testing process and also identified as a necessity by the NGOs.

- < *Rwanda*—In April 1992 an assessment and qualitative research on infant feeding were completed in Rwanda. EPB had arranged for a consultant to begin planning a social marketing program when the civil war broke out in 1994. Regrettably, EPB was unable to resume working in-country. An updated assessment, based on information presented at a January 1994 physicians' workshop in Kigali was completed in September 1995 and served as the basis for comparison with EPB research with Rwandan refugees in Tanzania.
- < *Guinea*—A comprehensive country assessment was conducted in Guinea in April 1995 by a Wellstart consultant working as part of a project planning team for a USAID/Guinea maternal and child health/family planning project.
- < *Malawi and Uganda*—Qualitative research was conducted and disseminated by EPB in both of these countries.
- < *Kazakhstan*—Qualitative research on infant feeding was carried out in four sites in Kazakhstan in March-April 1994 in conjunction with the MOH and the Regional Institute for Nutrition Problems. A team of eight persons was trained in conducting qualitative research. The research culminated in an excellent analysis of breastfeeding practices, which provided information necessary for developing a communication strategy.

- < *WNIS*—An EPB-sponsored reproductive health “rapid” assessment was conducted in Ukraine and Moldova as the first step in a major USAID reproductive health initiative in the region.
- < *Georgia*—An informal assessment in Georgia led to the development of a Memorandum of Intent between Wellstart and the MOH to provide technical assistance for their breastfeeding promotion in three areas: program and policy development, training, and mother support. EPB translated the video “Breastfeeding: A Special Relationship” into Russian and disseminated it widely.
- < *Honduras*—In response to a request by the Academy for Educational Development (AED), EPB collaborated in a thorough pretesting of a breastfeeding manual for community lactation counselors in Honduras developed by AED and La Leche League/Honduras (LLL/H). The manual can be adapted for use in other parts of Latin America. EPB and the Annenberg School of Communications have completed a comprehensive research study on the content for breastfeeding behavior-change messages.
- < *Peru*—A breastfeeding assessment was conducted and debriefing/strategy workshops held in five regions of Peru. EPB also supported secondary analysis of data from a community intervention to improve infant feeding practices (which was initially funded by WHO/CDD). Analyses were conducted to further explore which messages could influence specific behaviors at the community level. The results were disseminated for application to other programs.
- < *El Salvador*—An assessment was conducted by EPB in El Salvador. Results were disseminated to the Ministry of Health and other in-country organizations. The Manoff Group, through EPB assistance and support from the World Bank Project, developed breastfeeding counseling cards in conjunction with the MOH’s comprehensive national nutrition program. These breastfeeding counseling cards are now part of a larger series of counseling cards on maternal and infant nutrition.

### ***Breastfeeding Assessments***

Breastfeeding assessments were completed for eleven countries (full assessments in Cameroon, El Salvador, Guinea, Nicaragua, Nigeria, Peru, Rwanda, and Senegal; “rapid” assessments in Armenia, Georgia, and WNIS [Moldova and Ukraine]). The Manoff Group and Nurture assisted with preparing several summaries of national breastfeeding assessments for publication.

### ***Qualitative Research Manual***

“A Guide to Qualitative Research for Improving Breastfeeding Practices” was developed by The Manoff Group and EPB. The target audience for this guide is individuals with some experience in qualitative research but not in breastfeeding-specific research. The guide is divided into three sections that cover breastfeeding behavioral issues, conducting formative research on breastfeeding, and formulating a project strategy.

### ***Qualitative Research Series***

EPB, often in collaboration with The Manoff Group, completed a series of applied cultural studies on infant feeding. These studies were carried out as the initial step in the social marketing process—to understand the structural and socio-cultural barriers, as well as opportunities, for promoting optimal breastfeeding. Each study included specific programmatic implications for breastfeeding promotion. Studies were conducted in Kazakhstan, Malawi, Nicaragua, Nigeria, Rwanda, Senegal, and Uganda.

### ***Draft Generic Counseling Cards***

During the past five years, EPB and The Manoff Group developed four sets of country specific counseling cards. Based on this experience, The Manoff Group developed a draft set of generic counseling cards with instructions for adaptation and use. These cards were passed on to the next project for further testing and finalization.

### ***Social Marketing for LME Participants***

A session on social marketing was made an integral part of the LME course given in San Diego. EPB works with LME and participant teams to plan social marketing activities within their overall country plans.

### ***Information Sheets***

A series of information sheets was developed to provide basic technical information on breastfeeding. Each component addressed a specific breastfeeding behavior or problem. The set was originally developed in association with EPB Cameroon work, but other countries have found the material useful for local adaptation. The initial set was developed with service providers in mind, but in other countries where literacy is high (e.g., Kazakhstan), they are appropriate to give directly to mothers as well. English, French, Spanish, and Russian versions have been distributed in a variety of programs and settings, including for PVOs in emergency situations.

### ***Lessons Learned***

- < *Qualitative research on breastfeeding should investigate local knowledge, beliefs, and behaviors concerning breastfeeding, how they are acquired and shared, and the contextual factors that influence them.* Planners can then understand why local practices may differ from biomedical concepts of optimal practices, and then plan strategies to move toward improved infant feeding practices.
- < *Formative research is critical.* However, given that social marketing involves research, strategy development, implementation, and evaluation, a project must ensure that a disproportionate amount of time is not spent on research thereby limiting the amount of time available for later stages of the social marketing process.
- < *To learn about initiation of breastfeeding, observation is more reliable and accurate than simply asking mothers.* This can be accomplished in the health facilities through observing mothers and health staff. In areas where home births are the norm, traditional birth attendants, grandmothers, and the mothers themselves should be observed and interviewed.
- < *There is a tremendous gap between mothers' motivation to breastfeed and motivation to breastfeed exclusively.* In addition to various social, cultural, and economic influences some of the explanation is as follows: Yes, breastmilk is better, but formula is considered a very close second, almost as good and often

more convenient. Also, many people believe breastmilk is best, but that breastmilk can be made even better by supplementing it with other liquids or foods.

- < *In many countries, insufficient milk is the most commonly cited reason for beginning to give the infant supplementary feeds or for terminating breastfeeding.* Few cultures make the express link between frequency of suckling and volume of milk, or if the link is made, the concept is not applied. When a mother perceives her own milk supply to be dwindling, the most common response is to decrease suckling to save her own milk, but the consequence is reduced milk production. Health professionals themselves may encourage potentially harmful beliefs and practices.
- < *In most cultures, mothers are concerned about the quality of their breastmilk, in part because of the common belief that there is a direct, immediate link between maternal physical or emotional status and quality of milk.* In many cultures, it is believed that breastmilk, like other milks, can turn sour or bad, either in the breast or if expressed.
- < *It is important that formative research on breastfeeding cover maternal nutrition during pregnancy and lactation.* Maternal nutrition has many direct and indirect effects on maternal and newborn health. Often mothers themselves are quite concerned with their diets during lactation, believing that a poor diet greatly affects their ability to breastfeed and the quality of their milk.
- < *It is very important that the researcher look at water, other liquids, and foods separately.* This is necessary because each serves a different purpose in the mothers' minds and are typically introduced to the infant at different times. The research must examine when and why each was given.
- < *It is crucial to determine the social support given to breastfeeding in the local culture.* In many cases, mothers are expected to maintain their heavy daily workloads which can negatively affect the amount of time they are able to spend breastfeeding their child. Mothers would certainly benefit from community acknowledgement of their situation and more direct forms of support.
- < *Behavioral trials were a key component of the qualitative research due to their ability to identify which behaviors and/or sub-behaviors are most readily changed.* Where a significant portion of women give birth in a facility it is possible to conduct an initial interview in the facility and a follow-up interview at the woman's home.
- < *Mystery client interviews/observations in clinics provide information to help tailor materials for health worker usage.* Observing routine interaction allows the opportunity to determine how much time is available for counseling, what is already being said about breastfeeding, who is saying it, and how messages and counseling skills can be improved.
- < *Qualitative research should be immediately followed by technical assistance to develop social marketing materials guided to overcome barriers to optimal infant feeding identified in the research.* Given that political situations and/or funding availability change quickly, it is imperative that the research is immediately used to improve the local infant feeding situation.

### **Challenge for the Future**

The most important challenge in social marketing for the future will be to follow-up on behavioral change programs that EPB helped initiate. Ongoing monitoring and evaluation are needed. A wide variety of materials and messages were tried; there is much that future projects could learn from careful examination of the results of these past efforts.

## ***Documents Available on EPB Social Marketing Activities***

- < Assessment Series:
  - Peru Assessment
  - El Salvador Assessment
  - Cameroon Assessment
  - Nigeria Assessment: Oyo, Osun, and Plateau States
  - Nicaragua Assessment
  - Guinea Assessment
  - Senegal Assessment
  
- < “Rapid” Assessments:
  - Maternal and Child Health Needs in Georgia
  - Preliminary Reproductive Health Assessment of Ukraine and Moldova
  - Maternal and Child Health, Family Planning, and Breastfeeding in Armenia
  
- < Qualitative Research Series:
  - Qualitative Research on Breastfeeding in Kazakhstan
  - Social Context of Infant Feeding in Chikwawa District, Malawi
  - Qualitative Research on Infant Feeding in Oyo and Osun States of Nigeria
  - Qualitative Research on Infant Feeding in Jigawa State, Nigeria
  - “No Conozco a Ninguna:” Actitudes, Valores, y Creencias de Madres, Abuelas, y Papas Hacia a Lactancia Materna en Managua y Zonas Rurales de Matagalpa
  - Qualitative Research on Breastfeeding in Rwanda
  - Qualitative Research on Breastfeeding in Senegal
  - Breastfeeding in Uganda: Beliefs and Practices Report of Qualitative Research
  - State of Breastfeeding in Uganda: Practices and Promotion
  
- < Exclusive Breastfeeding Promotion: A Summary of EPB Qualitative Research on Infant Feeding
  
- < A Guide to Qualitative Research for Improving Breastfeeding Practices
  
- < Breastfeeding Information Sheets

### ***Goal:***

EPB evaluation activities have been shaped by the need to enable policy makers, program managers, and implementing staff to determine the effectiveness of strategies and interventions to increase and improve breastfeeding. The information obtained through evaluation activities was designed to:

- < improving the effectiveness of breastfeeding promotion programs;
- < developing and fostering in-country expertise in program monitoring and evaluation; and,
- < contributing to the state-of-the-art knowledge of breastfeeding promotion.

### ***Activities and Accomplishments***

A focused program of evaluation began in the last quarter of 1994. As required in the Cooperative Agreement, evaluation activities have been conducted only in countries where EPB has provided assistance. However, because breastfeeding promotion efforts were supported by multiple donors in most countries, evaluation activities were not limited to those activities supported by EPB. Rather, all elements of integrated programming were addressed, including those funded and/or assisted by institutions other than USAID and Wellstart International.

### ***Improving the Effectiveness of Breastfeeding Promotion Programs***

EPB supported large-scale survey activities in two countries. In Honduras, a population-based survey that will provide the baseline against which current and future USAID mission-supported health and nutrition activities will be measured was conducted in two areas of Health Region 3. In Nigeria, EPB provided technical assistance for the Integrated Baseline Health Survey.

To evaluate the effect of breastfeeding promotion activities, monitoring and documentation activities with a more narrow focus were conducted. In Peru, EPB supported secondary analysis of data from a WHO/CDD evaluation of a social communications intervention designed to improve breastfeeding and weaning practices at the community level. EPB also supported two evaluation activities in Mexico: baseline data collection from selected IMSS to evaluate the effect of breastfeeding support provided by a daycare center to working women, and an assessment at baseline and post-intervention of training for health care professionals from an urban community primary health care center (CENLAM).

Case studies conducted in Armenia, Cameroon, Honduras, and Kazakhstan explored the impact of a variety of Wellstart International and counterpart-supported inputs on breastfeeding promotion efforts in each country. For example, in Armenia promotion efforts focused on policy change, training, and IEC in a setting with no history of breastfeeding promotion. EPB monitored the communications campaign and provided technical assistance to gather information on coverage and maternal exposure to campaign and health provider messages. In Nicaragua EPB has provided technical assistance to help design a similar monitoring activity for a communications campaign.

Evaluation activities addressed regional as well as individual country programs. EPB followed up with the participants of three regional training workshops, two held in Africa (the Meeting of Chairpersons of University

Medical Schools and Nursing Colleges in East, Central, and Southern Africa (ECSA) in April 1995; and, the Francophone Africa Workshop on Infant Training Curricula in June 1995) and one in the WNIS (the WNIS Regional Reproductive Health Seminar, Kiev, Ukraine, October 1994). The focus of this follow-up was to determine the perceptions by workshop participants of the usefulness of the workshop activities, the degree to which they were able to implement workshop recommendations and activities after returning home, and to elicit suggestions for improvement of future workshop and seminar agenda.

EPB held a mini-TAG in April 1995 on the feasibility of cost-effectiveness analysis studies under EPB. Without the funding itself to support the conduct of cost-effectiveness analyses, EPB provided technical support for the development of two papers on cost-effectiveness for the USAID/LAC-HNS Study in Latin America (1992-1994). A summary paper (*Breastfeeding Promotion: A Cost-Effective Intervention*) is being distributed by EPB. EPB also collaborated with LAC-HNS on the development of guidelines on how to estimate the cost-savings and effectiveness of breastfeeding at the institutional level.

Technical assistance was also provided for the development of monitoring system components. In Honduras, EPB worked with LAC-HNS on the development of an instrument and strategy to monitor the quality of care in breastfeeding and family planning. This system is being institutionalized in all hospitals throughout the country. EPB staff also worked with in-country counterparts to successfully incorporate breastfeeding into the national health information system. Breastfeeding indicators are being included in the newly designed Integrated Women's and Child Care data collection instruments. In several key hospitals, clinical forms are now being used to collect information on infant feeding. In Rwanda breastfeeding was integrated into the USAID-funded Rwanda Integrated Maternal Child Health and Family Planning (RIM) project. EPB provided technical assistance to RIM to ensure inclusion and use of breastfeeding and infant feeding information in the eight-part RIM process.

### ***Developing and Fostering In-country Expertise in Program Monitoring and Evaluation***

Through both the involvement of in-country personnel in all evaluation activities, the conduct of training, and the development of tools to facilitate the evaluation of breastfeeding promotion, EPB demonstrated its commitment to the development of in-country evaluation expertise.

In Kazakhstan, EPB trained counterparts from the MOH, the Institute of Nutrition, and the House of Health in qualitative research methods (March 1994). To help analyze data from the infant feeding and maternal risk questionnaires used in the breastmilk contaminants study (May to August 1994), over 30 counterparts were trained in EPI-Info and basic computer skills. EPB worked with Armenians to monitor IEC campaign coverage as well as maternal exposure to and recall of messages. In Mexico, EPB assisted in program design to monitor the effectiveness of a BFHI and helped to train counterparts in use of tools developed to monitor BFHI training and hospital certification. EPB assisted in the development of team evaluation plans for Guinea, Nigeria, and Senegal at the English-speaking and French-speaking LME courses in FY'95 and provided EPI-Info training to participants as well.

In 1994 EPB provided technical assistance to modify the Latin American Perinatology Center (CLAP) indicators and software for the CLAP health information system. In FY'95 EPB provided leadership to the Reproductive Health Indicators Working Group (RHIWG) Breastfeeding Subcommittee to define indicators for evaluation of reproductive health programs (September 1994–March 1995).

### ***Contributing to the State-of-the-Art Knowledge of Breastfeeding Promotion***

A major focus of EPB evaluation efforts has been the development of a tool kit for use in the evaluation and monitoring of breastfeeding promotion activities and breastfeeding practices. The *Tool Kit for Monitoring and*

*Evaluating Breastfeeding Practices and Programs* is a resource for program managers which provides practical methods to facilitate the monitoring of breastfeeding practices. It includes sample questions required for basic monitoring of programs. Examples of more detailed questions that can further enhance the understanding of breastfeeding practices are also given, and examples illustrate how the data collected can be analyzed. The Tool Kit also contains advice on determining sample size and describes common pitfalls to be avoided in the measurement of breastfeeding practices. The indicators recommended in the Tool Kit are drawn from the work of the Reproductive Health Indicators Working Group (RHIWG) Breastfeeding Subcommittee. A paper entitled *Paradox in Honduras: Contradictory Results on Changes in Exclusive Breastfeeding from 1987 to 1991-1992* further developed issues discussed in the Tool Kit by exploring contradictory data generated from the use of different measures of exclusive breastfeeding.

A global breastfeeding trends database, Lactation Trends (LACT), was developed and delivered by EPB to USAID and other donors in 1993. A manual accompanied the database (1993). Copies of software and data were disseminated to WHO, USAID staff, and other USAID-funded projects. EPB transferred LACT to WHO in 1994, based on the TAG recommendation that this was the most effective, sustainable means to ensure access to data for all interested parties.

### **Lessons Learned**

- < *Create a better understanding of the programmatic role of evaluation.* There remains much to be done to help program planners and counterparts understand that evaluation is not merely a reporting mechanism to satisfy funders that money has been well spent. The role of formative evaluation as a management tool has not been fully understood nor explored by either technical staff or program implementers. To facilitate the process of integrating monitoring and evaluation into the program development and management process, evaluation cannot be treated as an adjunct to programmatic activities. Rather, it is critical to introduce and integrate the process of evaluation into the planning of programs in such a way that information on program status makes possible early as well as mid-course corrections.
- < *Develop an effective technical assistance strategy.* To support the development of in-country technical capacity, technical assistance must be provided in an intermittent but ongoing manner. This requires, especially in the early phases of the project, sufficient support to permit travel by evaluation staff to the field to meet counterparts and allow for mutual discussion of the requirements, resources, capacities, and needs. Establishment of a computer system with sufficient capacity to permit exchange of working documents will greatly enhance a project's ability to provide ongoing technical support, but it is likely that this process will be most effective only when working relationships based on the trust that develops through personal exchanges have been previously established.
- < *Technical issues must be addressed to improve evaluation quality.* A number of technical lessons learned which relate specifically to the evaluation of breastfeeding practices are summarized in the Tool Kit. In contrast with many other health practices, the appropriateness of infant feeding practices is closely linked to the age of the child. The Tool Kit provides guidance on the accurate calculation of infant age. Guidance is also provided on other issues, including how to appropriately compare the breastfeeding rates of two or more groups of infants (for example, comparisons of infants from two different geographic areas or comparisons of infants from the same population measured at different points in time) and how to appropriately select a sample on which to measure breastfeeding duration.

### **Challenges for the Future**

- < *Support dissemination of the Tool Kit:* Mere dissemination of the Tool Kit will be insufficient to ensure that monitoring and evaluation activities become a part of the process of improving breastfeeding programs around the world. As with any set of tools, there must be help and guidance in the use of these aids.
- < *Balance use of evaluation resources:* Future evaluation resources will have to be balanced to meet several competing demands. There is a need for long-term, sustained, and intensive work with a few programs to enable the development of models for comprehensive programmatic evaluation. From such efforts will come demonstrations of the value that evaluation activities can bring to breastfeeding promotion programs, as well as tools and strategies upon which other program evaluation activities can be modeled.

At the same time, there is need for responsive, flexible, and sufficient capacity to respond to requests from the field for technical assistance. The development of local capacity is likely to require technical support at certain key points. In particular, assistance is likely to be required in the design and establishment of a monitoring system, in interpreting the data, and in using the data for decision-making and planning.

- < *Community-based evaluation:* Relatively more progress has been made on evaluation of facility-based than community-based breastfeeding promotion. There are challenges specific to the monitoring of community-based activities, and need to develop monitoring and evaluation strategies specific to community-based activities. These include the need to develop strategies to make evaluation and monitoring activities participatory in nature, involving local participants in determination of the focus of monitoring efforts, data collection, and use of the data for decision-making. There is also need to document processes at the community-level that lead to institutionalization and long-term sustainability, and cost-effectiveness of program activities.

### ***Documents Available on EPB Evaluation Activities***

- < Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs
- < Global Breastfeeding Trends Database: Lactation Trends (LACT)
- < Paradox in Honduras: Contradictory Results on Changes in Exclusive Breastfeeding from 1989-1991
- < Infant Health and Feeding Practices in El Progreso and Puerto Cortez, Honduras: Baseline Survey 1995 to Evaluate Community-Based Breastfeeding Promotion Activities
- < Breastfeeding Promotion: A Cost-Effective Intervention
- < Case Studies:
  - Armenia Communications Campaign to Promote Breastfeeding: A Qualitative Evaluation
  - The Cameroon Breastfeeding Program (1992-1996): A Case Study
  - National Breastfeeding Counselors Network (Joint Program of the Ministry of Health of Honduras and La Liga de la Lactancia Materna de Honduras): A Case Study
  - Progress Toward a National Breastfeeding Program in Kazakstan: A Preliminary Case Study



### **Goal:**

The goal of EPB's applied research program was to provide policy makers and program managers with the information they need to design, execute, and evaluate policies and interventions to promote optimal breastfeeding practices.

### **Objectives:**

- < Support and manage research through competitive grants program;
- < Support and manage research through multi-country research initiatives; and,
- < Support and manage research through studies relevant to country programs on topics such as cost-effective programs to promote exclusive breastfeeding.

### **Competitive Grants Program**

Suboptimal infant feeding practices are a major cause of infant and child morbidity and mortality in the developing world. Short durations of exclusive breastfeeding, in particular, contribute to shortened birth intervals due to increased maternal fertility. Although in most countries the majority of women initiate breastfeeding, few exclusively breastfeed for any length of time. The early introduction of breastmilk substitutes, other liquids, and solid foods, as well as the use of artificial nipples and contaminated feeding utensils adversely affect the health of both mothers and infants.

Despite the vast amount of information available in the literature on human lactation and breastfeeding, specific kinds of information necessary to improve the efficacy and efficiency of interventions designed to extend the duration of exclusive breastfeeding are lacking. To address this need for information, an applied research program was initiated. Thirteen research projects in ten developing countries in Africa (Kenya, Lesotho, Malawi, and Uganda), Latin America and the Caribbean (Barbados, Chile, Honduras, Mexico, and Peru), and Asia (the Philippines) which began in fall of 1993 have now been completed. Twelve of these studies focused specifically on exclusive breastfeeding, while one focused on extended breastfeeding and malnutrition (Peru).

Each study answers one of the following questions:

- < What policies and programs are best suited to extend the duration of exclusive breastfeeding?
- < Why do some mothers exclusively breastfeed for the recommended length of time while others do not?
- < What constitutes the optimal length of exclusive breastfeeding during infancy?

## ***Seven Implications for Programmatic Action***

Seven major implications for programmatic action emerged from the applied research program. Each implication was highlighted in at least two and often multiple studies that used different research techniques and methods. Thus, their relevance for programmatic action is ensured by the varied research methods—qualitative and quantitative research as well as descriptive and intervention studies—that all pointed to the same conclusions.

### ***Implication 1: Focus on the first week and month postpartum***

The studies from Honduras, Kenya, Mexico, and the Philippines all showed that the first week and month postpartum were critical periods when mothers are likely to introduce non-breastmilk liquids. If women exclusively or fully breastfed beyond this critical period, they were likely to continue. This was true for both normal and low birthweight infants. Once women passed this critical period, the rate of decline in exclusive breastfeeding slowed dramatically. Thus, programmatic activities need to be targeted to the neonatal period to prevent this early shift from exclusive to partial breastfeeding. Such targeted efforts are cost-effective for two reasons: 1) they target the period when the benefits of exclusive breastfeeding on reducing morbidity and mortality are greatest; and, 2) they are sustainable in that they target the period where the practice of exclusive breastfeeding, if maintained, is likely to be continued.

### ***Implication 2: Focus on specific messages that target key behaviors***

Messages tied to specific behaviors will be more effective in promoting exclusive breastfeeding than general messages such as “breast is best.” A number of studies showed that women’s knowledge of the benefits of breastfeeding and recommended optimal practices is excellent. However, this did not correspond with actual behaviors. In Honduras, Kenya, and Mexico, for example, women introduced other non-breastmilk liquids and foods in response to specific infant cues. In Kenya and Lesotho, the use of water and sugar and salt solution may be inadvertently encouraged by diarrheal disease control programs. Thus, messages need to target key behaviors that impede optimal infant feeding, such as: use of medicinal water and/or sugar and salt solutions in response to infant crying or stomach discomfort; the use of water to prevent dehydration; or, the early introduction of complementary foods to get infants accustomed to it. Specific messages in response to maternal behavior were particularly effective in Mexico, where the prevalence of exclusive breastfeeding increased after home visits by promotoras who tied their messages to key behaviors they were trying to change.

### ***Implication 3: Focus on families and communities***

In all the countries and settings where research was conducted, exclusive breastfeeding was not a cultural norm. Thus, to varying degrees social support and social networks, and the health system are negative influences that must be countered. While the research was mixed with respect to the influence of the health system on exclusive breastfeeding—in Kenya it had a positive effect while in Mexico it had a negative effect—it was very clear with respect to the negative influence of immediate family and neighbors. A number of studies showed that an important source of infant feeding advice was often a woman’s immediate family or neighbor. Emphasis must be placed on educating communities—fathers, grandmothers, and neighbors—about the importance of exclusive breastfeeding in general and in the neonatal period in particular (Implication 1). Thus, messages need to be specific not only with respect to key behaviors (Implication 2), but with respect to the target audience. Specific programs need to be developed to educate fathers, grandmothers, and community leaders about the importance of exclusive breastfeeding *and* how they can support women to exclusively breastfeed.

### ***Implication 4: Focus on low birthweight infants***

International recommendations to exclusively breastfeed for about six months are relevant to low birthweight (LBW) infants. The study in Honduras showed that exclusively breastfed LBW infants, while smaller than normal weight infants, did not benefit in weight or length from complementary feeding between four and six months of age as compared to exclusive breastfeeding. LBW, however, is a significant risk factor for not breastfeeding. In the Philippines, LBW tripled the likelihood of not breastfeeding among women who intended to do so. Maternal perception that her infant was “small” also negatively influenced breastfeeding. However, LBW infants who breastfed were more likely than normal weight infants to fully breastfeed. Because fully breastfed infants weighed more in the first four months as compared to infants with other feeding patterns, good growth performance of these infants may reinforce optimal breastfeeding behaviors. Early intervention, however, is critical (Implication 1).

#### ***Implication 5: Focus on employed women***

Efforts to extend the duration of exclusive breastfeeding are challenged by maternal employment trends. Although the effect of maternal employment on breastfeeding has been mixed, the effect on exclusive breastfeeding has been consistently negative. The study from Chile clearly shows that programmatic efforts to extend the duration of exclusive breastfeeding among working women can dramatically increase the duration of exclusive breastfeeding. Such programs must include information and advice on the expression and storage of breastmilk, and in some settings, must also address cultural beliefs that work may not be compatible with breastfeeding. For example, in Mexico, women who worked making tortillas expressed the concern that heat from making tortillas was passed to the baby through breastmilk causing diarrhea. To successfully combine employment with exclusive breastfeeding, *time, space, and support* are essential and are themes that should be included in policy and programmatic efforts.

#### ***Implication 6: Focus on women’s nutrition***

Successful promotion of exclusive breastfeeding includes attention to women’s health and nutritional needs. Nutrition is a concern to breastfeeding women; exclusive breastfeeding is believed to be more harmful to maternal nutrition than any breastfeeding. In Mexico and Honduras, neighbors discouraged women from exclusive breastfeeding because it would make them “too thin.” A study on the effect of full versus partial breastfeeding on maternal nutritional status in Malawi showed that full breastfeeding was negatively associated with maternal nutritional status only when a woman had a low arm circumference near delivery and her infant had a normal rate of growth (about ten percent of women). Thus, for most women exclusive breastfeeding does not negatively influence their nutritional status when compared to partial breastfeeding. To address both biological and perceived consequences of exclusive breastfeeding, programs need to target issues of intra-household food distribution and resource allocation to pregnant and lactating women. For lactating women with infants less than six months, for example, specific messages could focus on how household resources used to prepare complementary liquids and foods (e.g., time, fuel, food, and water) would be better invested in maternal diet.

#### ***Implication 7: Focus on integrating breastfeeding promotion into existing health systems***

Breastfeeding is a dynamic behavior that continually changes. While, in general, women move from exclusive to partial breastfeeding, the study in Mexico also showed the reverse to occur. In Kenya, women continually adjust their feeding behaviors to infant cues and external messages and influences. Thus, the opportunities to positively influence exclusive breastfeeding behaviors are enormous. Health systems are in a unique position to take advantage of these opportunities as women with young infants frequently have some, often repeated, contact with these systems. In Kenya and Lesotho, the early introduction of sugar and salt solutions appears to be related to efforts by diarrheal disease control programs to prevent dehydration associated with diarrhea. Thus, diarrheal disease programs can play a critical role in encouraging positive breastfeeding behaviors and discouraging negative ones. Likewise, well child

visits, as well as health visits for immunizations or contraception can all be used as points of intervention to promote optimal practices.

### ***Products and Dissemination of the Competitive Grants Program***

The products resulting from this activity include a compendium comprised of an executive summary from each of the studies and an introduction that summarizes seven implications for programmatic action based on the results of the studies. EPB working papers for each study are also available. At least one paper from this research program has been published (Adair L and Popkin B, “Low birthweight reduces the likelihood of breastfeeding among Filipino infants” *J Nutr* 126(1);1996:103-12) and a number of others have been submitted for publication (Marquis et al., “Association of breastfeeding and stunting in Peruvian toddlers: An example of reverse causality”; Ross et al., “Screening for risk of energy deficiency during lactation”; Galler et al., “Infant feeding practices in Barbados: Effects on physical growth”; and, Galler et al., “Infant feeding practices in Barbados: The role of the home environment.”)

Two investigators, Drs. Ardythe Morrow and Veronica Valdes, presented the results of their research at EPB’s final workshop “Breastfeeding: Promoting Links for Life.” A debriefing on the competitive grants program was also held at USAID. This debriefing included an overview of the competitive grants program and the implications of this program for programmatic action. Two investigators, Drs. Ardythe Morrow and Jay Ross also presented their findings.

In-country dissemination of the results of the competitive grants program have included the following activities:

- < Development of a video that documented the home-based counseling intervention in Mexico and the importance of exclusive breastfeeding. This video has been provided to EPB and to Mexican institutions that collaborated in the research. It has been suggested that parts of the video may be suitable for short television spots or for use in other Spanish speaking countries interested in home-based breastfeeding promotion.
- < Dissemination of the results of the study in Chile on the effectiveness of clinic-based support to increase exclusive breastfeeding among working women in BFHI training workshops and shared with Chilean Congresswomen and State Ministries. These results were also used by UNICEF to publish a booklet on “Breastfeeding and Working Women,” which will be disseminated in workplaces, day care centers, unions, and health centers.
- < Development of a series of articles about breastfeeding and weaning based on the study in Peru. These articles were published in “Nutricion y Salud al Dia,” a publication of the Nutrition Research Institute.
- < Dissemination of results of the study in Lesotho at a MOH/UNICEF conference for officials of the MOH, Ministry of Agriculture, and the Food and Nutrition Coordinating Office. These results were also disseminated at a workshop for District Level Medical Officers and at a National Primary Health Care Planning Workshop.
- < Dissemination of the results of the study in Honduras on optimal timing of complementary feeding to low birthweight infants is planned. The audience for this workshop will be LLL/H and the Honduran MOH.

### ***Multi-Country Research Initiatives***

- < *Breastmilk Storage*—While considered of highest priority by USAID, USAID’s mid-term evaluation team, the TAG of EPB, and experts on the subject, the breastmilk storage project was canceled due to lack of funding from USAID. Two literature review papers were developed as background for the informal

consultation on breastmilk expression, storage, and feeding. These have been revised and are available as EPB working papers. A technical summary documenting the results of the informal consultation and the recommendations for future research is also available.

## **Country Program Development**

- < *Breastmilk Contamination in Kazakhstan*—Numerous reports have highlighted the profound health and economic consequences of environmental degradation in the former Soviet Union. The potential consequences for maternal and child health—and specifically for breastmilk contamination—have been of particular concern to health authorities in Kazakhstan. This study, conducted in collaboration with the Kazakhstan MOH and the Nutrition Institute of the Kazakhstan National Academy of Sciences analyzed breastmilk for dioxins, polychlorinated biphenyls, chlorinated pesticides, toxic metals, and radionuclides. It was undertaken to provide a scientific basis for the development of a national infant feeding policy.

The results generally show concentrations of contaminants in breastmilk to be similar to Western European concentrations. However, three important differences of potential concern were identified. These include contamination with the most toxic dioxin congener, 2,3,7,8-tetrachlorodibenzo-*p*-dioxin (TCDD) in two sampling sites and generalized contamination with  $\beta$ -hexachlorocyclohexane and DDT. Based in part on the results of this study, the MOH is promoting breastfeeding. It is hoped that this study will be effective in counteracting widespread concerns about breastmilk contamination in Kazakhstan, as well as help foster a more scientific approach to address similar concerns throughout the region.

A technical summary, summarizing the results of this study has been translated into Russian and disseminated throughout the health sector in Kazakhstan. The results were also presented at the Dioxin '96 International Symposium in August 1996. Dr. Chuvakova, Chief Neonatologist of Kazakhstan, and a key collaborator in the study also attended this symposium. A paper focusing on the results of the toxic metal and radionuclide analysis has also been accepted at a symposium sponsored by the International Atomic Energy Agency. Lastly, a paper summarizing the results of the study has been submitted to the *American Journal of Public Health*.

## **Successful Programs to Promote Exclusive Breastfeeding**

A paper entitled “Effectiveness of a hospital-based breastfeeding promotion program on exclusive breastfeeding among low-income women in Brazil” was accepted for publication in the *American Journal of Public Health*. A second paper entitled “Breastfeeding promotion in developing countries: Past, present, and future” has been submitted to the *Journal of Nutrition Education*.

## **Lessons Learned and Challenges for the Future**

- < *This applied research program identified several key programmatic activities that were successful in extending the duration of exclusive breastfeeding.* These include home-based counseling and clinic-based breastfeeding support. While these programs were extremely effective, they covered only a small number of women. Necessary and sufficient conditions to impact on USAID’s strategic objective of reducing infant morbidity and mortality at the national level include effective programs *and* high coverage. Therefore, the challenge for the future is to identify the extent to which the programmatic activities that were successful in this research program can be “scaled up” to where the majority of women at risk for failure to exclusively breastfeed are reached. Scaling up could involve both replicating the programmatic interventions at a larger scale or using specific components of the intervention that were successful in a broad-based mass media

campaign. These components could include a focus on the first week and month post-partum, a focus on specific messages that target key behaviors, and specific messages to families and communities.

- < *A key lesson learned from this applied research program is that in general research should be intervention focused so that the effectiveness of various strategies to improve breastfeeding practices can be measured. Qualitative research is important in the design of appropriate intervention strategies and is an appropriate and important research focus. However, such research should be linked to actual programmatic or research efforts.*
- < *All research should begin with the question “What programmatic question do we need to answer?” rather than “What are the programmatic implications of the research?” It is likely that with a starting point such as this that the research will have more direct programmatic relevance.*

### **Documents Available from the EPB Applied Research Program**

- < Competitive Grants Program:
  - Exclusive Breastfeeding Promotion: A Summary of Findings from EPB’s Applied Research Program
  - The Effectiveness of Home-based Counseling to Promote Exclusive Breastfeeding Among Mexican Mothers (Morrow et al)
  - Maternal Employment and Exclusive Breastfeeding in Chile: The Effect of a Breastfeeding Support Program (Valdes)
  - Intrapartum Social Support and Exclusive Breastfeeding in Mexico (Langer et al)
  - Time Allocation and Infant Feeding Pattern: Women’s Work in the Informal Sector in Kampala, Uganda (Davis)
  - Early Complementary Feeding: The Role of Social Support Networks (Mukuria et al)
  - A Breastfeeding Culture Without Exclusive Breastfeeding in Lesotho (Latham and Almroth)
  - Extended Breastfeeding and Malnutrition: An Example of Reverse Causality (Marquis and Rasmussen)
  - Infant Feeding Practices in Barbados: The Effects of Physical Growth, Home Environment, and Maternal Depression (Galler et al)
  - Breastfeeding and Maternal Employment in Mexico: Voices from the Field (Spanish ONLY) (Perez-Gil)
  - Infant Food Marketing and its Effect on the Incidence of Diarrhea in the Philippines (Stewart and Guilkey)
  - Optimal Duration of Exclusive Breastfeeding of Low Birthweight Infants in Honduras (Dewey et al)
  - Special Policies are Needed to Promote Breastfeeding Among Low Birthweight Infants (Adair and Popkin)
  - Patterns and Determinants of Maternal Nutritional Status During Lactation in Malawi (Ross and Habicht)
- < Breastmilk Storage
  - Breastmilk Storage: Review of Literature and Recommendations for Research Needs (Hamosh)
  - Literature Review on Breastmilk Expression, Storage, and Feeding (Minchin et al)
- < Environmental Contaminants in Breastmilk
  - Environmental Contaminants and their Significance for Breastfeeding in the Central Asian Republics (Lederman)
  - Environmental Contamination and Breastfeeding in Kazakhstan (Lutter et al)
  - Kazakhstan Breastmilk Study: A Technical Summary (Lutter et al)





## ***Maternal and Infant Feeding in Emergency Humanitarian Assistance***

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EPB began working in the area of maternal and infant feeding in emergency humanitarian assistance in 1994, when EPB received permission to use funds from the Rwanda add-on that remained after USAID suspended all activity in Rwanda after April 1994. Although this was a relatively new initiative for EPB, it met a need that had previously been unfilled.

In July of 1996 the United Nations High Commission on Refugees (UNHCR) estimated that there were fifteen million refugees and an additional 30 million internally displaced people in the world. The majority of these people are in Africa, and approximately 75% are likely to be women and dependent children.

Breastfeeding is particularly important in emergency situations because of the increased risks of artificial feeding, including the risk of diarrhea and other infections, decreased food security, and the inadequacy and contamination of complementary foods. Often, breastfeeding is the only form of family planning available in these situations. Breastfeeding also provides care, bonding, and warmth, all important to both mothers and infants in emergencies.

### ***Goal:***

The goal of EPB's work has been to improve maternal and infant nutrition in refugee and displaced populations by improving infant feeding practices in emergency situations. There were three objectives designed to achieve this goal to:

- < improve advocacy and define policy for breastfeeding in emergency situations;
- < conduct research on infant feeding in emergency situations to provide an information base for policy and program guidelines and training materials; and,
- < provide technical support on infant feeding, including provision of training for emergency staff and direct participation in emergency field activities.

### ***Advocacy and Policy Development***

From 1994-96, EPB staff have participated in several fora in which maternal and child health and nutrition policy were addressed. First, staff participated in the UNHCR/ACC/SCN Workshop on Improvement of the Nutrition of Refugees and Displaced People in Africa (Machakos, Kenya, December 5-7, 1994), and achieved the objective of giving breastfeeding a larger profile in the workshop. Technical assistance was provided to help revise background documents and proceedings and develop a Statement on Breastfeeding, which was adopted into the Proceedings. In addition, technical materials and policies/guidelines were distributed to PVOs/NGOs participating in the meeting.

Second, breastfeeding and maternal nutrition issues were introduced into the agenda of the UNHCR/UNFPA Reproductive Health and Refugee Working Group. Staff participated actively in preparatory meetings (March-June 1995) and during the UNHCR/UNFPA Symposium on Reproductive Health in Refugee Situations (June 28-30, 1995), worked closely with UNICEF on the background paper on Safe Motherhood, and prepared an annex on breastfeeding which was accepted as part of the Field Manual on Reproductive Health in Refugee Situations, June 15, 1995.

Third, staff presented a poster session on Breastfeeding in Emergency Situations at the 22nd Annual National Council for International Health Conference (NCIH) (June 25-28, 1995). Finally, an adaptation of the fact sheet Breastfeeding in Emergency Situations was included in the report of a spring 1996 meeting for European NGOs on Infant Feeding in Emergency and Relief Situations. Entitled *Discussion on Infant Feeding in Emergency and Relief Situations*, three hundred copies of the report have been printed and distributed by the Wemos Foundation in Amsterdam.

To further the discussion among USAID and other cooperating agencies on maternal and child health in emergency situations, EPB staff conducted briefings on nutrition and infant feeding with the Refugee Policy Group (January 12, 1995), and on Reproductive Health and Refugees with the Refugee Policy Group and MotherCare (February 28, 1995). Staff also participated in a USAID working group on breastfeeding (April 4, 1995); a State Department/USAID/NGO meeting on Reproductive Health of Refugees and Displaced Persons (April 26, 1995); and, a briefing for the USAID/State Working Group on Refugees (June 2, 1995). The Bureau for Humanitarian Response/Food for Peace (BHR/FFP) draft handbook, *Supplement on Emergency Rations Commodities Reference Guide* was reviewed to ensure inclusion of specific information and guidance on breastfeeding in the emergency food distribution settings (May 1995). Collaboration between staff of the Bureau for Humanitarian Response/Private Volunteer Cooperation (BHR/PVC) and IMPACT also resulted in further integration of breastfeeding into child survival review criteria and into food security-related trainings.

Meetings were held in Geneva in the last quarter of 1996 to brief UNHCR, WHO, IBFAN/GIFA, IRC, and the International Centre for Migration and Health (ICMH) on EPB's activities in the area of maternal and infant feeding in emergency humanitarian assistance.

## **Research**

EPB, in collaboration with CARE and the International Rescue Council (IRC), conducted research on infant feeding in two Rwandan refugee camps in Ngara, Tanzania. The results of this work, which was carried out in the last quarter of 1995, were presented in different settings to a variety of NGOs and to USAID's Bureau of Humanitarian Response (BHR). These presentations have led to increased interest and requests for technical assistance (see below).

## **Technical Support to Field Activities/Training/Assessments**

EPB staff were asked to provide assistance in reviewing curricula and training materials by several PVOs/NGOs, other cooperating agencies, and InterAction, the PVO coordinating agency.

InterAction has received funding from USAID/Office of Foreign Disaster Assistance (OFDA) for the development of operational training to improve the response capacity of PVO staff working in complex emergencies. EPB staff have assumed responsibility for facilitating the development of the nutrition curriculum module, bringing together a group of experts with extensive field experience for a series of working meetings to flesh out curriculum content and training exercises. The group included staff from both US and European NGOs as well as personnel from the UN and academic institutions. An infant feeding training module was developed for emergency management and field staff; appendices include technical information which addresses lactation management and other aspects of infant and young child feeding. The latter builds upon the Advise the Mother section of the WHO-IMCI chartbook.

EPB staff also reviewed child health training curricula and CARE's one- and five-day curricula on reproductive health to ensure integration of breastfeeding into these curricula. Suggestions were provided for the protection, promotion, and support of breastfeeding in emergency situations, with specific suggestions on ways breastfeeding might be integrated into early emergency and camp health activities. In addition, EPB staff provided technical assistance at a day-long pre-test of the one-day awareness-building module conducted by CARE. Other technical materials

reviewed including the UNHCR Inter-Agency Field Manual for Reproductive Health in Refugee Situations and the Refugee Reproductive Health Guide to Needs Assessment and Evaluation prepared by the Reproductive Health for Refugees Consortium. EPB also assisted a BASICS consultant in revising and translating Catholic Relief Services (CRS) presentation materials, overheads, and documentation for use in the Fifth Latin America Regional PVO Child Survival Workshop on Improving Assessment of Nutrition Problems and Programming, Cerro Verde, San Salvador, El Salvador (September 17-23, 1995) provided UNHCR staff with materials on breastfeeding in emergencies for use in a conference on infant feeding in emergency situations, and worked with IMPACT staff on incorporating breastfeeding into a workshop on nutrition in emergencies for army nursing staff.

EPB staff have also provided technical assistance for in-service training of PVO/NGO field staff. Staff conducted training sessions on Breastfeeding and Complementary Feeding and provided technical materials at a CRS training conference on Child Survival in Baltimore (May 1995). The 25 participants included coordinators of all CRS maternal and child health programs (national and international staff) as well as CRS headquarters staff. EPB's participation covered the critical issues in improving breastfeeding and weaning practices and topics which should be included in a health curriculum for the emergency and non-emergency situations, since CRS personnel deal with both. In September of 1996 an EPB staff member traveled to El Salvador to provide further technical assistance to CRS.

In the WNIS EPB's efforts were directed toward facilitating support for breastfeeding in a bottle feeding culture experiencing formula crises. As part of EPB's long term country program in the Republic of Georgia, technical assistance was provided to the MOH, PVOs/NGOs, and other donor agencies on policy, formula distribution strategies, and how to provide support to pregnant and lactating mothers. EPB organized and hosted a coordination and planning meeting for the MOH and local PVO/NGO community in Tbilisi to discuss breastfeeding promotion and the formula crisis in August 1994. In February 1995, EPB's Resident Advisor and the National Breastfeeding Coordinator briefed field monitors working for CARE on breastfeeding promotion to enable them to provide support to pregnant and lactating women. In Armenia, EPB designed and implemented a rapid communications campaign to help women and health providers cope with the expected shortage of formula donations (September—December 1994).

### ***What We Have Learned: Challenges for the Future***

EPB's involvement in humanitarian emergencies has addressed a tremendous need and demand for technical assistance and collaboration in a number of areas. There is interest among the relief community in improving and integrating breastfeeding promotion into camp activities. Organizations providing emergency assistance have expressed the desire for assistance with curricula review, with in-service training of emergency staff, with the review and development of policy and guidelines, and with the development of strategies to assess infant feeding practices and develop appropriate responses at different stages in emergencies. This will necessitate the development of strategies to identify and reach sub-populations particularly at-risk.

Future efforts need to be focused in several areas:

- < *Advocacy and Policy Development:* There is need for additional work to convince decision-makers of the importance of efforts to support optimal infant and maternal nutrition and feeding. Existing policies which are adequate need to be disseminated, and where needed, policies should be revised or developed.
- < *Operations Research:* Research will be needed to provide an information base for the revision, where needed, of existing guidelines, or the development of additional operational guidelines and training materials. It is important to gain a better understanding of the changes that occur in different emergency contexts and during the different stages of an emergency and the relief process, and of the obstacles and supports for

optimal feeding. This will provide a broader understanding of the constraints and effective mechanisms to support optimal maternal and infant feeding in different emergency situations.

- < *Technical Support:* To protect, support, and promote breastfeeding and to ensure optimal maternal and infant nutrition and feeding in emergency operations, it will be necessary to work collaboratively with the PVO/NGO community to equip staff with the knowledge and skills to strengthen infant feeding in both current and future relief programs. The integration of breastfeeding and related issues will need to be addressed in both pre-service and in-service curricula. Given the importance of standardization of messages and actions in the field, close collaboration with European as well as US NGOs with other technical assistance organizations (WHO and UNICEF), with coordinating bodies such as InterAction, with UNHCR and World Food Programme (WFP), with local governments, and with USAID will be necessary.
- < *Close Collaboration:* Each of the groups who come together in an emergency setting—the refugee community, the relief community, and the technical specialists— will bring its own set of contributions to the challenges being faced. The refugee population will best know the obstacles and challenges that it faces and the resources and strengths it can bring to address those problems. The relief community will bring experience with the administration and management of emergency activities in a wide range of situations. The contribution of the technical specialist will only be meaningful when it is integrated with the special needs of each refugee population and the ongoing work of the relief community with that population.

#### ***Documents Available on EPB Activities Related to Breastfeeding in Emergency Situations***

- < Breastfeeding in Emergencies (fact sheet)
- < Summary Report: Rapid Assessment of Infant Feeding Practices in Two Rwandan Refugee Camps
- < *Available from InterAction:* Infant and Young Child Feeding: Nutrition Module for InterAction Health Training Course

## ***Initiative on HIV Transmission and Breastfeeding***

In 1994 EPB received a request from Hope Sukin, USAID/AFR/SD/HRD, for an update on the current research on HIV transmission and breastfeeding. Although breastfeeding appears to be a mode of transmission of HIV, research shows that the benefits of breastfeeding, even for HIV-positive women, outweigh the risks of infant death due to alternative modes of feeding for the majority of poor women. Current WHO recommendations support this point of view. However, there is much uncertainty on the part of health personnel in developing countries on the interpretation and implementation of the WHO recommendations on breastfeeding and HIV. Clear guidance is needed.

Given all the information that is currently available on breastfeeding and HIV transmission and in accordance with the WHO/UNICEF Consensus Statement of 1992, the following guidelines for optimal infant feeding are still suggested:

- < In situations where the primary causes of infant deaths are infectious disease and malnutrition, women are advised to follow optimal feeding behaviors regardless of HIV status;
- < In situations where infectious diseases are not the primary causes of infant deaths, women are advised to follow optimal feeding behaviors unless HIV positive in which case one should use a safe feeding alternative;
- < All women and their partners should be counselled on the increased risk of HIV infection to their infants if they become infected while breastfeeding. They should be given information on risky behaviors and urged to completely avoid these behaviors. In places where HIV testing is available, health workers should inform mothers of this option.

February 14, 1996

### ***Goal:***

Provide a technical and scientific basis to health professionals for decision making on HIV transmission and breastfeeding.

### ***HIV-1 Transmission and Infant Feeding: An Annotated Bibliography***

The first step in providing a technical and scientific basis for decision-making on HIV transmission and breastfeeding was to survey the current published and (where possible) unpublished research on HIV and breastfeeding and produce an annotated bibliography which includes a detailed description and limited analysis of these research studies (study design, sample size, study population, breastfeeding definitions used, mother-child characteristics, research questions, findings, design issues, programmatic implications raised, and questions). The search was inclusive of literature published between 1985, when the first reports of a relationship between HIV-1 transmission and infant feeding

surfaced, and March 1996. In addition, a number of individuals involved in HIV-1 and breastfeeding research were contacted. A total of 123 articles, letters to the editor, and other publications were reviewed.

A copy of the articles and the annotated bibliography were sent to key individuals and organizations involved with HIV/AIDS and/or breastfeeding. The annotated bibliography was widely distributed and is available on the publications list.

### ***Breastfeeding and HIV Fact Sheet***

A fact sheet, *Breastfeeding and HIV: Making an Informed Choice* was developed by EPB and is available in English, French, and Spanish. This fact sheet summarized the WHO/UNICEF consensus statement on breastfeeding and transmission of HIV that was issued in 1992. It also contained information on vertical transmission, maternal and infant factors, and conclusions. It was reviewed by Wellstart International's senior clinical faculty as well as by representatives from the WHO, the AIDSCAP Project, AIDS experts from Johns Hopkins, and USAID. There was a great need identified from the field on clarification of the issues involved with breastfeeding and HIV transmission and this fact sheet was a step toward informing individuals on what is currently known. The sheet was targeted at doctors, government officials, and other policy makers.

### ***Paper on HIV and Breastfeeding in Kenya***

In early 1996, interviews with health personnel and NGO staff in Kenya indicated that most health workers were not familiar with international policies on HIV and breastfeeding. Based on these interviews a paper was written by Nurture: "HIV and Breastfeeding in Kenya: Discussions with Health Workers and NGO Staff." This paper was designed to bring the information gaps to light on this subject and was targeted at government and donor decision-makers in Kenya.

### ***Breastfeeding and HIV Transmission Lecture***

EPB also supported Dr. Andrea Ruff's presentation in May 1995 to USAID and other cooperating agencies on the latest information and recommendations regarding HIV and breastfeeding.

### ***Lessons Learned***

- < *Research on HIV transmission and infant feeding currently does not provide enough information on actual infant feeding practices to be programmatically useful.* In most studies included in the annotated bibliography, "breastfeeding" is not defined and the time of infection could not be ascertained; infants classified as infected through breastfeeding could have been infected in utero or during birth. Research to date fails to provide the kind of information needed by mothers, clinicians, and policy makers to enable informed infant feeding decisions/recommendations. To be programmatically useful, future research needs to incorporate the physiological and behavioral complexities of breastfeeding into study designs and interpretation. Research is also needed to determine feasible and ethical methods for incorporating the results of such research into public health policy.

### ***Documents Available on EPB Activities Related to HIV Transmission and Breastfeeding***

- <      Breastfeeding and HIV: Making an Informed Choice (fact sheet in English, Spanish, and French)
- <      HIV-1 Transmission and Infant Feeding: An Annotated Bibliography
- <      HIV and Motherhood: Informed Choice in the Face of Medical Ambiguity (The Example of Breastfeeding)  
DRAFT



**Section 3:**  
***Country Program Summaries***

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### Introduction

EPB worked in 34 countries in Africa, Asia, Latin America and the Caribbean (LAC), the Near East, and the Newly Independent States (NIS). In accordance with the Cooperative Agreement, EPB was to provide long-term technical assistance in up to ten countries and offer short-term technical assistance in as many countries as possible. EPB was fully established as a technical assistance resource center and instituted long-term programs in twelve countries. In addition, three regional initiatives were undertaken by USAID as equivalent of long-term country programs and are nearing completion. Short-term assistance was provided to nineteen additional countries.

The countries where EPB worked included:

- < Four long-term country programs with Resident Advisors: Dominican Republic, Georgia, Honduras, and Nigeria.
- < Eleven long-term country or regional programs with no Resident Advisor: Africa Regional Training Initiative, Armenia, Cameroon (with an in-country program administrator), Kazakhstan, Mexico, Nicaragua, Pakistan, PRAIL, Rwanda (with a short-term in-country advisor), Senegal, and the Initiative on Maternal and Child Feeding in Emergency Humanitarian Assistance.
- < Short-term technical assistance to nineteen other countries. In *Africa*: Guinea, Madagascar, Malawi, and Uganda. In the *ANE/NIS* regions: Egypt, Indonesia, the CAR (Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan), the WNIS (Belarus, Moldova, and Ukraine), and the Philippines. In the *LAC* region: Bolivia, Colombia, El Salvador, Guatemala, and Peru.

In these long-term programs, EPB designed and tested innovative breastfeeding promotion strategies that integrated the varying programmatic components of policy, training, community outreach, social marketing and communications, monitoring and evaluation, and applied research. A majority of the eight purpose-level achievements identified in the Wellstart EPB/USAID Cooperative Agreement, which were to gauge progress and measure program success, were attained. Achievements to date are summarized in Table 4 on the following page. Table 5 provides basic indicators in long-term country program including: total population, infant and maternal mortality rates, total fertility rate, the percentage of births attended by a trained health professional, and breastfeeding rates at three, nine, and 23 months.

EPB's Cooperative Agreement states that EPB may provide technical assistance for short periods to as many countries as possible for a variety of reasons: to conduct breastfeeding assessments, develop strategies, design projects, strengthen breastfeeding components of existing programs, address implementation and evaluation concerns, review and develop training, etc. EPB found short-term assistance a flexible and efficient way to: help move individual country initiatives forward in cases where long-term programs were not necessary or warranted; assess the potential for interested countries to be appropriate as long-term country programs; and, provide policy, technical, or organizational assistance to international organizations working in the field such as WHO, UNICEF, the World Bank, and PAHO.

The following chapter is a compilation of summaries of EPB long-term country programs and short-term technical assistance and is grouped alphabetically by region: Africa; Asia, the Near East, and the NIS; and, LAC. A section has been added to each summary that lists available EPB documents related to the country program.

TABLE 4: *Purpose-level Achievements by Long-term Country or Regional Program*

Long-term Country or Regional program	Year	Breastfeeding Coordinator Appointed	Breastfeeding Committee Established	National Policy Approved	National Program Developed	Government Funds Budgeted	Breastfeeding Promotion Integrated	Monitoring & Evaluation Mechanism	Research Disseminated
Africa Regional Training	1993	USAID has designated this program equal to a “long-term country” deliverable for EPB. Not all purpose-level indicators apply.						no	no
	1996							yes	yes
Armenia	1993	no	no	no	no	no	no	no	no
	1996	yes	yes	yes	yes	yes	no	yes	yes
Cameroon	1992	no	no	no	no	no	no	no	yes
	1994	yes	no	yes	draft	yes	yes	yes	yes
Dominican Republic	1993	yes	yes	no	no	no	no	no	yes
	1996	yes	yes	yes	yes	yes	yes	no	yes
Emergency Humanitarian Assistance	1994	USAID has designated this program equal to a “long-term country” deliverable for EPB. Not all purpose-level indicators apply.							
	1996								
Georgia	1993	no	no	no	no	no	no	no	no
	1995	yes	yes	yes	yes	yes	yes	yes	no
Honduras	1993	no	no	in process	yes	in process	no	no	in process
	1996	yes	in process	yes	yes	yes	yes	in process	yes
Kazakstan	1992	no	no	no	no	no	no	no	no
	1996	no	yes	yes	yes	yes	yes	no	yes
Mexico	1992	n/a	n/a	n/a	n/a	n/a	n/a	no	n/a
	1996	no	yes	no	yes	yes	yes	yes	yes
Nicaragua	1993	yes	yes	yes	no	yes	no	no	no
	1996	yes	yes	yes	yes	yes	yes	no	yes
Nigeria	1992	USAID restrictions prohibit working in the public sector in Nigeria.					no	no	no
	1996						in process	in process	yes
Pakistan	1995	USAID restrictions prohibit working in the public sector in Pakistan.					no	no	no
	1996						yes	no	no
PRAIL	1993	no	USAID has designated this program equal to a “long-term country” deliverable for EPB. Not all purpose-level indicators apply.						yes
	1996	yes							yes
Rwanda	1992	no	no	no	no	no	in process	in process	no
	1994	yes	yes	draft	yes	yes	yes	yes	yes
Senegal	1992	no	no	no	yes	yes	no	no	yes
	1996	yes	yes	draft	yes	yes	yes	no	yes

TABLE 5: Basic Indicators by Long-term Country Program

Long-term Country Program	Total Population in Millions (Mid-1996) <sup>1</sup>	Infant Mortality Rate (1996) <sup>1</sup>	Maternal Mortality Rate (1980-92) <sup>2</sup>	Total Fertility Rate (1996) <sup>1</sup>	% Births Attended by Trained Health Professional (1983-94) <sup>2</sup>	% Exclusively Breastfeeding at 0-3 mos (1986-94) <sup>2</sup>	% Breastfeeding With Complementary Food at 6-9 mos (1986-94) <sup>2</sup>	% Still Breastfeeding at 20-23 mos (1986-94) <sup>2</sup>
Armenia	3.8	15	20 <sup>3</sup>	1.7	...	...	...	...
Cameroon	13.6	65	430	5.9	64	7	77	35
Dominican Republic	8.1	52	...	3.3	92	10	32	7
Georgia	5.4	18	55 <sup>4</sup>	1.3	...	...	...	...
Honduras	5.6	50	220	5.2	81	11	...	...
Kazakstan	16.5	27	...	2.3	...	...	...	...
Mexico	94.8	34	110	3.1	77	37	36	21
Nicaragua	4.6	49	...	4.6	73	...	...	...
Nigeria	103.9	87	800	6.0	37	2	52	43
Pakistan	133.5	91	500	5.6	35	25	29	52
Rwanda	6.9	110	210	6.2	26	90	68	...
Senegal	8.5	68	560	6.0	46	7	41	48

<sup>1</sup>1996 World Population Data Sheet, Population Reference Bureau, June 1996.

<sup>2</sup>The State of the World's Children, UNICEF, 1996.

<sup>3</sup>Children and Women in Armenia: A Situation Analysis, UNICEF, May 1994.

<sup>4</sup>Women's Health Profile: Georgia, WHO/UNICEF, 1993.

## Lessons Learned in Country Programming

The following lessons learned were written by staff and edited and compiled into this list for the final report. As is evident, some are generic across all countries and regions and some are very specific. These lessons were included to raise issues that might be helpful to future country programming efforts.

- < *Messages about breastfeeding need to be specific, targeted to appropriate groups, and arise out of the situation in the community.* Social marketing should not forget fathers, grandmothers, or health personnel.
- < *It is important to keep the ultimate goal of breastfeeding promotion in mind.* The end result of any program should be that women are more informed and therefore better able to make the choice to breastfeed their children.
- < *The field autonomy granted to foreign service national resident advisors greatly enhanced the quality and quantity of work accomplished in long-term country programs.* Backstops should be careful about monitoring financial and other reporting while also overseeing the technical content of work produced. Travel money for in-country supervision of resident advisors should be included in budgets from the outset. Local-hire resident advisors need close supervision regarding administrative and financial requirements.
- < *Resident advisors should use their last six months of service to “drum up more business” for breastfeeding promotion.* Increased collaboration and leveraging of funds will generate more interest in breastfeeding promotion and help to ensure in-country sustainability.
- < *One of the most effective means of creating sustainable breastfeeding support is to work with the country to establish a national breastfeeding coordinator.* Since this is not yet feasible in some countries due to limited time and financial resources within ministries of health, resident advisors should function in their place to establish priorities in breastfeeding promotion and monitor progress toward them. A resident advisor can also be effective as a trouble shooter to coordinate competing yet related initiatives, whether MOH or donor programs.
- < *Follow up and continued communications with counterparts after conferences (and activities) is greatly appreciated in-country.* Counterparts, when contacted after the Francophone Africa Workshop, were eager to hear what EPB was doing and anxious to talk to someone about the breastfeeding promotion activities they had implemented since the conference. This also serves as a good way to document the direct impact conferences have on in-country activities and to encourage/support continued breastfeeding promotion activities.
- < *Focus on several key countries that could serve as models for other countries in the region.* Limiting activities to several key countries, rather than the large number that EPB did work in, might have contributed to the development of more comprehensive and effective programs. A strategy to focus on fewer countries would take more time initially, especially since missions would need to be committed early on to a large program, and countries would have to be carefully selected. Such a strategy would have permitted evaluation to be built in from the beginning and hence permitted a quantitative assessment of program effectiveness.
- < *The strength of the truly participatory approach of the Francophone Africa Workshop was in the empowerment of the participants to recognize that they do have the answers and ability to make solutions happen whether their position be in the Ministry or in a rural hospital.* While time should

be spent on the formation of national plans, more focus needs to be given to the formation of individual action plans that include steps the participant will take in their workplace toward the realization of that national plan.

- < *Early in country programming efforts, Wellstart International's LME Program was relied on heavily and often shaped the goals and objectives of country programs.* This led to a focus on doctors in teaching hospitals who were not always effective program implementors.
- < *When planning a country program, one should try to avoid imposing new directions on an existing country program and work to build on previous or ongoing country efforts.*
- < *National political support is very important to the success of a country program.* This has been especially true for programs where donor funding has stopped. Political commitment was then critical in galvanizing support for breastfeeding promotion activities in all sectors.
- < *Interagency coordination is important to ensure that there is no duplication of effort and buy in by all potential donors and program participants.* This is especially true in cases where it may be necessary to "pass off" the program.
- < *Countries where there has been a long-term vision have been more successful than those that establish short-term plans.*
- < *In several country programs, the success of the country program could be traced to a single catalytic person.* Often, the difficult part was institutionalizing support for breastfeeding to ensure that activities moved beyond the catalytic person and would be in place long after that person's departure.
- < *South-south cooperation (cross fertilization) works.* Developing countries should be encourage to share their experiences and lessons learned. Often countries are more moved by demonstrated success in countries similar to their own than by donor mandates.



***Africa***

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The Lomé Infant Feeding Conference in 1991 concluded that both in-service and pre-service training in Africa needed improved coordination and support. EPB's experience in the region verified this conclusion. In sub-Saharan African countries, a successful, comprehensive national training strategy must address both. To fully succeed, counseling at hospitals, health centers, and clinics must be complemented and reinforced by support for exclusive breastfeeding and positive weaning practices within communities.

Professors at professional, medical, and nursing schools and MOH officials implementing national child survival, family planning, breastfeeding, and infant feeding programs need to know what training inputs are appropriate and available for their programs. Community groups and NGOs interested in community outreach can likewise benefit from shared approaches for support of breastfeeding and infant feeding. By supporting community-level initiatives, Wellstart International is filling an important gap in donor assistance.

A major emphasis has been placed on coordination among donors, and between donors and host governments. While both UNICEF and IBFAN have been actively involved in training for breastfeeding and infant feeding in sub-Saharan Africa, coordination of approaches and materials has proved elusive. Well-organized workshops and strategy development encourage and enable sharing of materials and coordination of future inputs.

### ***Francophone Africa Workshop on Infant Feeding Training Curricula***

The Francophone Africa Workshop on Infant Feeding Training Curricula was held May 30 - June 3, 1995 in Saly, Senegal. Teams of participants from eight African countries, including Burkina Faso, Cameroon, Cote D'Ivoire, Guinea, Madagascar, Mali, Niger, and Senegal participated in the workshop, organized by EPB with funding from the Health and Human Resources Analysis for Africa (HHRAA) project (USAID/AFR/SD/HRD). The workshop was organized to bring Africans together to determine current practice and need with regard to training on optimal infant feeding in the African region.

#### ***Workshop Design***

The workshop was divided into five sessions that built on each other beginning with a basic overview of infant feeding in the region and culminating in specific individual plans of action by each participant to improve infant feeding in their country. The first session was an analysis of infant feeding practices in each country with feedback from all participants. The second session was a content analysis of infant feeding training curriculum and materials, followed by discussions among participants. This was followed by an exchange on integrating infant feeding into other programs and the arguments and messages necessary for each specific program. Next, participants developed individual action plans and gave feedback to others on

#### **FRANCOPHONE**

BURKINA FASO  
CAMEROON  
COTE D'IVOIRE  
GUINEA  
MADAGASCAR  
MALI  
NIGER  
SENEGAL

#### **ANGLOPHONE**

BOTSWANA  
KENYA  
MALAWI  
SEYCHELLES  
SWAZILAND  
TANZANIA  
UGANDA  
ZAMBIA  
ZIMBABWE

their plans. The fifth and final session was a group discussion on needs and ideas for regional training support based in Africa.

### ***Workshop Results***

The results of the workshop were exciting in terms of the benefits to the participants and to organizers of future workshops. Participants benefited from the hands-on skills acquired, the networking and sharing among professionals from different countries within Africa, and the reinforcement of the fact that the majority of the skills and materials needed to succeed in these programs already reside in Africa. Countries had little knowledge of other countries' programs so it was an excellent opportunity to exchange ideas and lessons learned. The knowledge gained by the participants was based on fellow Africans' experiences and therefore was readily adaptable to their own countries. Organizers of upcoming workshops should take note of the effectiveness of a truly participatory approach using local experts rather than bringing in outside consultants.

### ***Unique Workshop Factors***

Several unique factors contributed to the success of the workshop. First, it was made clear from the first day that the participants were the experts on the subject of infant feeding and therefore would act as both students and teachers for each other. Secondly, skills were acquired through hands-on experience (e.g., analyzing a country's health situation using DHS results and Nutrition Chartbooks and working in country teams to summarize relevant data on infant feeding). And finally, there were no presentations at the workshop. Learning was accomplished through group discussions, team meetings, and one-on-one feedback among participants.

### ***Workshop Follow-up***

The first follow-up activity was in response to an expressed interest in receiving multiple sets of the documents on infant feeding that were provided to the participants at the workshop. The dissemination of these sets of documents in essence established mini-resource centers throughout the eight participating countries.

The second follow-up activity was a questionnaire sent to two participants in each of the eight countries. The evaluation was designed to determine the effectiveness of the workshop and its effect on the participants' actions during the previous year. The questionnaire matched action plans with actual actions taken. Results showed that many of the action plans were acted upon, especially those plans which were based at a more individual level rather than at the national level. The main reason that some action plans were not followed was a lack of financing.

Also based on the recommendations from the workshop, a subgrant was set up with IBFAN/Africa to reinforce two infant feeding resource centers in Africa. IBFAN/Africa is located in Swaziland and Burkina Faso, thereby serving both the anglophone and francophone populations of Africa. Provision of materials, especially community-based materials, and funding for translation, reproduction, and dissemination were included in the subgrant. Workshops were held to orient key in-country personnel on the availability and use of these materials.

## ***Eastern, Central and Southern Africa's (ECSA) Chairpersons Meeting on Pre-service Training Related to Breastfeeding and Infant Feeding***

Adapting medical and nursing school curricula to include updated information on breastfeeding and infant feeding is a pressing need worldwide. In Africa, existing curricula contain outdated information on breastfeeding physiology, management of lactation difficulties, and counseling for exclusive breastfeeding and correct weaning practices—if they address these subjects at all. A group of African health professionals dedicated its 1995 meeting to breastfeeding and infant feeding. The objectives of the workshop were to determine a standardized package of essential information that should be included in pre-service curricula, allow participants to share experiences and materials, and develop action plans. A curriculum guide previously developed by Wellstart International with U.S. Department of Health and Human Services funding was adapted and used. Participants included department heads from university medical schools and nursing colleges. Wellstart LME was the lead organization on this activity, while EPB provided technical assistance, funding for related direct costs, as well as funding for the subgrant to the Commonwealth Regional Health Community Secretariat (CRHCS) for ECSA. The meeting took place in April 1995 in Nairobi, Kenya. Several experienced Cameroonians attended this workshop as observers and provided a bilingual (French/English) bridge for possible future workshops in Francophone Africa on the subject. Unfortunately, only limited funds currently exist for follow-up. Follow-up activities have been discussed with CRHCS, the HHRAA project, and USAID/AFR and are considered critical to the success of this activity.

### ***Recommendations of ECSA Meeting***

The ECSA Chairpersons Meeting resulted in several recommendations:

- < Chairpersons repeatedly referred to the need for more materials to assist them with their training and promotional efforts related to lactation management, infant feeding, and maternal nutrition.
- < Mechanisms for monitoring and reporting on progress with individual plans and country program plans were suggested. These included: a follow-up letter to assess progress based on individual and country plans; and, a revision of curriculum assessments in one year to see if curriculum changes had been instituted.
- < More training is clearly needed. A regional course in lactation management was suggested.

### ***Workshop Follow-up***

The initial follow-up to the ECSA workshop was an invitation to the participating countries to apply for small grants funded by EPB to continue activities after the workshop. Four countries applied and three ended up receiving grants—Kenya, Tanzania, and Zimbabwe. Each of the three countries proposed and completed remarkably similar activities: a university-wide workshop with heads/key faculty of all departments which should be teaching some aspect of breastfeeding. The goals of the workshops were to sensitize the faculties to the need for integrating lactation content throughout the curricula; review and finalize plans for how the suggested content would be distributed within the universities' curricula; and, review and finalize action plans regarding ways to achieve changes in the curricula.

Reports from each of the three workshops were that they were all quite successful in meeting their objectives. Faculties were enthusiastic and committed themselves to implementing the plans which were reviewed, modified, and finalized as a part of the meeting. Each university was also allotted funds to purchase and

distribute key reference materials on lactation to integrate into their respective departments. Wellstart LME will continue to follow-up with the countries that attended the ECSA workshop and possibly provide technical assistance, if needed, when the curricula are actually adapted.

### ***Regional Support for Breastfeeding Through IBFAN***

The objectives of the agreement between EPB and IBFAN were: 1) capacity building for IBFAN Africa to enable two information centers (in Burkina Faso and Swaziland) to build on the current resource base; 2) information dissemination of community-based materials developed through the EPB Program and other organizations; and, 3) identification of obstacles to Step 10 of the Baby-Friendly Hospital Initiative's *Ten Steps to Successful Breastfeeding* and recommendations for overcoming obstacles in program implementation.

One of the key activities, a resource meeting for seven countries in the Anglophone region, was originally scheduled in mid-September, just before the end of the EPB Program. A similar Francophone meeting, coordinated by the IBFAN office in Burkina Faso, was conducted in late November. Existing training materials (EPB's *Community-based Breastfeeding Support: A Planning Manual*, 18-hour BFHI training) were reviewed and adapted for use in the African context. Materials were pretested, finalized, and produced for distribution to countries participating in the earlier workshop. IBFAN provided technical assistance to the individual countries attending the meeting to help them formulate plans for in-country activities, develop proposals, and solicit donor funding.

### ***Documents Available on Related EPB Activities***

<      Report on the Francophone Africa Workshop on Infant Feeding Training Curriculum

EPB initially began working in Cameroon in January 1992, by collaborating with the Ministry of Public Health (MOPH), USAID, Technologies for Primary Health Care (PRITECH), and local NGOs. Initial activities included supporting a Cameroonian team's participation in the LME program in San Diego and collaboration with EPB on Cameroon's Workshop for the Development of a National Breastfeeding Promotion Policy. At this workshop, the MOPH resolved to adopt the promotion and protection of breastfeeding as one of the main strategies for promoting child survival, resulting in the drafting of Cameroon's National Breastfeeding Policy. This policy was used to develop the National Breastfeeding Promotion Program (NBFPP), which has since been used as a model in several other countries.

EPB's primary activities in support of the NBFPP were limited to six months, from January to June 1994, due to the closing of the USAID Mission in Cameroon. Despite the abbreviated time frame, these six months marked a period of "rapid investment" by EPB in Cameroon to support the most sustainable results possible. After the closing of the USAID Mission, EPB developed a case study of the NBFPP to document the state of all breastfeeding promotion in Cameroon following the end of EPB's six-month intensive program and make recommendations for further planning.

TOTAL POPULATION, MID-1996: **13.6 MILLION**

INFANT MORTALITY RATE, 1996: **65**

MATERNAL MORTALITY RATE, 1980-92: **430**

TOTAL FERTILITY RATE, 1996: **5.9**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **64**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **7**

% BREASTFEEDING WITH COMPLEMENTARY FOODS AT 6-9 MOS, 1986-94: **77**

% STILL BREASTFEEDING AT 20-23 MOS., 1986-94: **35**

Source:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.  
- The State of the World's Children, UNICEF, 1996.

## French LME Course

In November-December 1993 EPB supported a team of participants from Cameroon to enroll in Wellstart International's LME Program. The team included representatives from the Far North, South, and Littoral provinces. Two Wellstart Associates, Drs. Martina Baye (the National Breastfeeding Coordinator) and Edwin Kimbo, participated in the course as Advance Study Fellows, and assisted the team in the development of their provincial plans. EPB also sponsored the participation of a second group of Cameroonians from medical training institutions for the LME Program (May-June 1994) to improve pre-service training on breastfeeding. Dr. Baye returned to LME as core adjunct faculty, and, along with Dr. Kimbo, provided follow-up to breastfeeding activities.

## Country Program Administrator

A Country Program Administrator, Denyse Leger, was initially hired part time and then switched to full time for the final six months of EPB's presence in Cameroon. She administered EPB funds in Cameroon and assisted the MOPH with planning and logistics. After playing a key role for EPB in Cameroon, she spent a week at EPB sharing ideas and lessons learned from the field.

## ***Training and Information, Education, and Communication (IEC) Materials***

In January 1994 EPB worked with the NBFPP and Wellstart Associates to complete a brief assessment of existing information and to conduct initial qualitative research to fill in the gaps of previous studies. During the review of existing materials, it became evident that basic information sheets on the benefits of breastfeeding and simple instructions on how to address mothers' concerns and problems were needed. These information sheets were drafted and pre-tested during site visits to Douala, Ebolowa, and Maroua, and were tested further in and around Yaoundé. Since their development, these sheets have been used to support in-service training conducted by the NBFPP and the National Family Planning Program (NFPP). They have also been distributed at the National Pediatrics Conference (April 1994), following a presentation by Wellstart Associates representing the NBFPP, sensitizing approximately 70 pediatricians on optimal breastfeeding practices. The sheets have been shared with a number of other organizations, including UNICEF and the Cameroon Infant Feeding Association (CIFAS).

EPB also developed a poster advocating exclusive breastfeeding for the first six months of life. The poster has been printed by UNICEF and disseminated in cooperation with the MOPH. The process for developing and pre-testing the poster included technical assistance to provide training on materials development to counterparts.

EPB contributed technical assistance to the development of a modular curriculum for training in-service health care providers in Cameroon. The curriculum can be used as a whole or in pieces integrated into training in other areas of primary health care or family planning. Twenty-seven participants, including representatives of the NBFPP, Wellstart Associates, the MOPH, and other ministries and NGOs, reviewed adult learning principles and existing curricula, and then drafted a twelve-module curriculum for use in Cameroon. This curriculum was tested and used at three separate training sessions in May of 1994, training 76 health workers (fifteen doctors and 61 nurses and nursing assistants), and was received enthusiastically. Discussion guide cards on common breastfeeding problems were developed for use by community health workers during group meetings. UNICEF expressed interest in printing these cards and distributing them within their community program.

The NBFPP also participated, during this period, in a review of the national family planning curriculum, and convinced family planning trainers to include not only information on the fertility effects of breastfeeding, but also to include a section on the overall benefits of breastfeeding. EPB and the NBFPP provided family planning and primary health care projects with reference materials on breastfeeding and curriculum modules to be integrated into their training programs.

## ***Integration Strategies***

During the six months of EPB's activity in Cameroon, EPB emphasized working to ensure sustainability of breastfeeding promotion. Throughout EPB's involvement in Cameroon, contact was frequent with UNICEF. This collaboration led to UNICEF's support for the curriculum. In addition, after EPB left Cameroon, UNICEF continued to print and distribute IEC materials promoting exclusive breastfeeding. In addition to UNICEF's activities, the Nutrition Education Project was carried out by a consortium of Ministries with technical coordination by CARE and funding from the World Bank. At the request of CARE, EPB provided technical assistance to improve the integration of breastfeeding and infant feeding information into the project's qualitative research, communication strategy development, and baseline/evaluation plans. EPB also provided technical assistance at CARE's request to plan and facilitate a communication strategy workshop for community outreach workers, and to plan and implement the Nutrition Education Project's evaluation strategy.



### ***Case Study of the Cameroon Breastfeeding Program***

In early 1996 EPB funded Drs. Baye and Kimbo to gather data to develop a case study assessment of the Cameroon NBFPP. This case study documents achievements at the national and provincial levels, program inputs/outputs that were involved in program implementation, and why results were or were not achieved. The case study describes the evolution of the implementation of Cameroon's national program and also proposes recommendations for further planning. The case study found the lack of continued funding and follow-up technical assistance as the main shortcomings of the NBFPP since EPB's completion of activities in Cameroon.

### ***Documents Available on EPB Activities in Cameroon***

- < Breastfeeding in Cameroon: Assessment of Practices and Promotion
- < Final Report: Wellstart International Expanded Promotion of Breastfeeding Program in Cameroon
- < The Cameroon Breastfeeding Program (1992-1996): A Case Study



Nigeria is the largest country in Africa, with an estimated population of over 100 million. It has the distinction of having the lowest rate of exclusive breastfeeding in the region, along with Ghana, at 2%. The lack of optimal infant feeding in Nigeria has led to high levels of under-nourished children—50% of children under five years of age are stunted. Promotion of optimal feeding is critical to reduce the high levels of infant malnutrition, morbidity, and mortality. In response to this lack of optimal infant feeding, USAID added a significant nutrition component to the Nigeria Combatting Childhood Communicable Diseases (NCCCD) bilateral project initiated in 1992. Under this project, USAID/Nigeria authorized a \$400,000 operating year budget (OYB) transfer to EPB in 1993 to support breastfeeding promotion.

EPB carried out planning and assessment visits in Nigeria in 1993 and 1994 before political turmoil brought activities in the country to a stand-still. Further delays occurred through 1994 and 1995 because Nigeria was “decertified” due to drug trafficking violations. Decertification also resulted in a change in the USAID strategy from public to private sector assistance. After these set-backs, EPB was able to launch an ambitious program of support and technical assistance to local Nigerian NGOs (NNGOs) and other USAID collaborating agencies, following the submission and approval of a new proposal in the summer of 1995.

To assist USAID in developing an integrated program, EPB provided support for the integration of optimal infant feeding promotion in NNGOs and private health services and community outreach through training, communications, monitoring, and evaluation. Despite decertification issues in 1995, some accomplishments were made. With the granting of the waiver for the USAID program on September 30, 1995, EPB was able to move forward at full pace to implement the program.

In the summer of 1996, due to the downsizing of the USAID mission in Nigeria, EPB’s field office was asked to close two months earlier than anticipated. EPB accelerated plans to complete in-country activities by the new closing date of June 30, 1996.

## Program and Policy Development

In early 1993, EPB participated in the MotherCare-sponsored national breastfeeding policy workshop in Nigeria. A breastfeeding policy was drafted, further revisions made, and feedback provided in 1994 before the policy was approved by the MOH in 1995.

EPB then carried out a needs assessment and developed a plan for infant feeding promotion within the NCCCD Project in three states and local government areas in February 1994. In October 1994 EPB staff

TOTAL POPULATION, MID-1996: **103.9 MILLION**

INFANT MORTALITY RATE, 1996: **87**

MATERNAL MORTALITY RATE, 1980-92: **800**

TOTAL FERTILITY RATE, 1996: **6.0**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **37**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **2**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: **52**

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: **43**

### Sources:

- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.
- The State of the World’s Children, UNICEF, 1996.

attended the USAID-sponsored workshop for all child survival cooperating agencies to initiate re-entry in Nigeria and began developing plans for EPB assistance under the new USAID private-sector NNGO strategy. The strategy included private-sector NNGO assistance in the Southwest States of Oyo and Osun and in the Northern State of Jigawa. The proposal was submitted to USAID in spring of 1995.

In March 1995, EPB hired a resident advisor, Dr. Olyinka Abosede, to start work in Lagos.

### ***Social Marketing***

Under EPB's subcontract with The Manoff Group, Kate Dickin worked with Dr. Abosede and two local research firms, CHEPON and RMS, to design qualitative research in Oyo, Osun, and Jigawa States. Two workshops were held to train interviewers in focus group and behavioral trials methodology. Final reports were submitted in early August 1995. Results were used to design communications and training strategies.

In the fall of 1995 Mike Favin, also with The Manoff Group, worked with JHU/PCS and EPB to develop IEC materials based on the qualitative research for use in training, counseling, and community education programs. Each type of material developed was designed to address obstacles to infant feeding identified in the research findings and/or provide information on concepts relevant to breastfeeding and infant nutrition. By July 1996 the following IEC materials were produced for use in Oyo, Osun, and Jigawa States:

- < three posters (each in Yoruba, Hausa, and English);
- < three stickers (each in Yoruba, Hausa, and English);
- < a counseling flipchart (in Yoruba, Hausa, and English);
- < six 60-second radio spots (each in Yoruba, Hausa, and Pidgin English);
- < a fifteen-minute video drama (in Yoruba, Hausa, and Pidgin English);
- < health worker pins;
- < cloth bags;
- < handmade dolls and breast models; and,
- < aprons for community mobilizers.

The staff of participating NNGOs received print materials and orientation from Dr. Abosede in June 1996. The six 60-second radio spots were aired on radio stations in all three states for a total of 1,380 airings. The video dramas were presented at the community level via television and VCR.

### ***Monitoring and Evaluation***

In monitoring and evaluation, EPB drafted optimal infant feeding questions and proposed revisions to the USAID NNGO management/facility/service point assessment questionnaire to include optimal infant feeding and nutrition. EPB also provided technical assistance to collaborating agencies and the USAID program coordinating unit (PCU) to develop community survey instruments to be used for the Integrated Baseline Health Survey that was planned to commence on October 2, 1995. EPB assisted collaborating agencies and the USAID PCU to develop health facility assessment and community survey instruments for baseline surveys and then assisted in training of a local research firm for these surveys.

EPB also developed a simple system to monitor training outputs, quality, and effectiveness measures of the training, as well as supervisory forms for trainers and master trainers.

## ***Training***

Training has been a major component of EPB's work in Nigeria. EPB provided technical assistance in development of a national training strategy. By sponsoring the enrollment of a team of NNGO participants in Wellstart International's LME Program by attending the August-September 1995 course, EPB developed a core of master-level trainers. The U.S. Centers for Disease Control and Prevention (CDC), MotherCare, and Pathfinder are considering sponsoring additional trainers from their respective programs.

In the fall of 1996, EPB designed two modules for primary health care givers and the trainers of Village Health Workers (VHWs), Traditional Birth Attendants (TBAs), and Community Based Distributors (CBDs) of family planning commodities, which will be incorporated into the current series of eleven NCCCD modules for primary health care in-service training being jointly produced by CDC and partner NNGOs. Both modules have been submitted to the consulting firm preparing the continuing education modules. The two modules are:

- < Breastfeeding and Infant Nutrition; and,
- < Adult Education Principles and Techniques.

EPB created a cadre of community level trainers in Nigeria. In January 1996, EPB conducted a training of 24 State Trainers of VHWs, TBAs, and CBDs for Oyo and Osun states on breastfeeding, infant nutrition, the lactation amenorrhea method (LAM), and family spacing choices for lactating mothers, immunizations, prevention and management of diarrhea, and HIV/AIDS. This training was expanded into Jigawa State in February of 1996 through the training of twelve State Trainers. Altogether, fourteen Local Government Areas have benefitted from this integrated training program. Since the training of the State Trainers, approximately 300 VHWs and TBAs have received training.

## ***Future Activities in Nigeria***

With the closeout of EPB's office in Nigeria in July 1996, the responsibility for continuing the promotion of optimal infant feeding will need to be transferred to other implementing partners who will continue to conduct activities in collaboration with the NNGOs.

Distribution and monitoring of IEC materials will continue. The radio spots will be broadcast over a six-month period, with monitoring to be provided by JHU/PCS. Video presentations in the community will require coordination by USAID through CDC/Nigeria and JHU/PCS. Some print materials will be disseminated by the NNGOs, whose staff received materials and orientation from Dr. Abosede.

JHU/PCS has agreed to monitor and evaluate the impact of EPB's breastfeeding promotion activities. This evaluation is planned to occur in approximately six months. Child Association of Nigeria (CAON) has agreed to monitor trainings and service delivery.

CDC has been and hopefully will continue coordinating the production of the continuing education modules.

## ***Documents Available on EPB Activities in Nigeria***

- < Review of the Literature on Infant Feeding Practices in Nigeria
- < An Assessment of Infant Feeding in the Oyo, Osun, and Plateau States of Nigeria
- < Qualitative Research of Infant Feeding Practices in the Oyo, Osun, and Jigawa States of Nigeria



EPB began working with the Rwandan MOH, USAID/Rwanda, and others in April 1992. Up to that time, most studies of infant feeding in Rwanda (since the late 1980s) were consistent in their findings that both early supplementation and late introduction of complementary foods were problems. Approximately 25% of infants under six months of age received some liquid, water, or food other than breastmilk. Another 16.8% of infants were still exclusively breastfed between six and eleven months.

An EPB assessment, conducted in April 1992, noted that early introduction of juices and other liquids was common among the women interviewed. This impression was reinforced by information from health center personnel. The assessment also concluded that bottle feeding, although not a large problem at the time, was becoming more commonplace, especially among urban working women. Women health workers in particular tended to encourage use of bottles to ease mothers' transitions from breastfeeding while on maternity leave to mixed feeding when mothers returned to work. A major concern with early supplementation is its potential to disrupt the fertility impact of breastfeeding, given a contraceptive prevalence of only 13-15% in Rwanda.

Because of the nature of infant feeding practices in Rwanda, programs tended to address breastfeeding promotion and weaning simultaneously. UNICEF and the MOH launched the BFHI in Rwanda in August 1992. Following that, curricula were developed and revised, several training sessions were held, poster and reference materials were produced and distributed, radio and television spots were produced, and two hospitals received Certificates of Commitment and were well on the way to official designation as Baby-Friendly Hospitals by early 1994. EPB worked closely with UNICEF in Rwanda.

Following discussions with the MOH, USAID, WHO, and others, EPB proposed a series of activities to support breastfeeding in Rwanda through add-on funds from USAID/Kigali. The add-on proposal included provision of technical assistance to integrate breastfeeding into the Rwandan Integrated Maternal and Child Health (RIM) Project and to coordinate with UNICEF on BFHI activities. It also proposed in-country support for the establishment of norms for health services, qualitative research, development of training strategies, development of breastfeeding modules to be integrated into national training activities, development of strategies for community outreach, and communication activities based on results of qualitative research. The add-on proposal was approved by USAID/Kigali and the MOH in early 1993, and then approved by USAID/Washington.

In June 1993 EPB participated in several planning workshops for RIM, coordinated with BFHI, and re-planned EPB's involvement to compensate for delays due to political unrest that year. The RIM meetings

TOTAL POPULATION, MID-1996: **6.9 MILLION**

INFANT MORTALITY RATE, 1996: **110**

MATERNAL MORTALITY RATE, 1980-92: **210**

TOTAL FERTILITY RATE, 1996: **6.2**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **26**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **90**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: **68**

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: **...**

Source:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.  
- The State of the World's Children, UNICEF, 1996.

were in the two provinces of Kibungo and Gitarama, and involved development of criteria for an assessment of services in rural health centers.

In addition to EPB's input into the assessment criteria, EPB also worked on a survey tool on infant feeding that was to be used by the RIM staff to conduct population-based surveys in their target areas. The information was scheduled to be collected from both the assessment of rural health centers and the population-based survey, to be used to expand on DHS results. Combined with the results of qualitative research on infant feeding practices and other research and surveys, these studies would allow for a complete picture on how and why women in Rwanda feed their children the way they do, and what might be done to support them in this process.

### ***Breastfeeding Assessment***

In late April and early May 1992, EPB worked with the Rwandan MOH and USAID/Kigali to conduct an assessment of breastfeeding practices and issues in Rwanda. The assessment team was able to identify several specific areas to be addressed in the training of health care personnel, including premature weaning, suboptimal initiation of breastfeeding practices, and ways to respond to concerns about insufficient milk.

There was evident need to protect existing practices by improving health service providers' knowledge, practices, and recommendations to mothers. In addition, policy changes were needed on a variety of levels, including hospitals and health centers, nutrition centers, family planning programs, and other sources providing information on infant feeding and family planning programs. One recommended first step was the definition and adoption of norms for breastfeeding support in health services, which was pursued through a USAID/MOH integrated maternal and child health/family planning project.

### ***Research on HIV Transmission through Breastmilk***

Of particular interest during the assessment visit were discussions with researchers conducting studies on the transmission of HIV through breastfeeding. Researchers and practitioners alike continued to support breastfeeding as the only viable method of feeding infants in the country. However, detailed information on feeding practices was needed to help clarify transmission rates and their contexts, as well as the policy implications for breastfeeding of HIV-related research findings. AIDS researchers in-country asked EPB to work with them so that sufficiently specific information on feeding patterns, nutrition, and possible connections to vertical transmission of HIV was gathered and disseminated.

In August 1992 EPB sent a lactation expert, who was also a Wellstart Associate and Advanced Study Fellow, to be part of a team that evaluated the feasibility of a new protocol designed to study vertical transmission of HIV from mothers to infants. The study was originally designed to compare HIV transmission rates found in cohorts randomly assigned as "breastfeeding" or "bottle feeding." Through this consultancy and subsequent meetings and conversations between the researchers, EPB, and UNICEF, the protocol was revised to define the two groups as "exclusively breastfeeding" and "exclusively bottle feeding." However, EPB, USAID, and UNICEF representatives remained concerned about both the design and ethical considerations surrounding the research. A principal issue was the difficulty of getting exclusive practice of either of these behaviors. Wellstart International did not participate further in the design or implementation of this research, although contact with the research team was maintained.

### ***Technical Assistance to the MOH: Training and Information Dissemination***

UNICEF sent a total of five MOH and hospital employees to international UNICEF/IBFAN courses on breastfeeding promotion, which provided a core group of trainers to begin in-service training. With the launching of the BFHI in Rwanda in early 1993, UNICEF and the MOH began initial training activities in two hospitals, the Central Hospital in Kigali and the University Hospital in Butare.

In late 1993 the first team of Rwandans participated in the LME Program. The participants included one person from each of the aspiring BFHI hospitals to allow for maximum coordination with BFHI activities. The other four participants were from the MOH regional training teams in Kibungo and Gitarama, and therefore were already familiar with the goals and implementation plans for the RIM project. It was envisioned that the combined group would form a training team that would provide expertise for the integration of breastfeeding into a wide variety of training and information dissemination activities. Resident Advisor Dr. Augustin Kabano also attended LME and planned to participate as a member of the national breastfeeding training team.

The first opportunity for the training team was the National Conference on Breastfeeding and Infant Feeding held in January 1994. Each Wellstart Associate and UNICEF-trained member of the team had responsibility for at least one presentation at this conference, which was designed to present the most recent information on the importance of breastfeeding and optimal supplemental feeding, and to inform participants of the current status of these practices in Rwanda.

The conference presented information from a variety of studies, including qualitative research conducted by EPB, to over one hundred representatives from the MOH, other ministries, NGOs, and the donor community. The end result was a strong expression of interest by participants in continuing to receive more information and more training on the subject.

Dr. Kabano then assisted UNICEF and the MOH in a training session on LAM for a training-of-trainers workshop of the Société Nationale pour l'Action Sociale (SNAF, or National Social Action Society), a church-based organization promoting natural family planning methods.

### ***Qualitative Research: A Basis for IEC and Community Outreach Activities***

In July and August 1993 EPB worked with a consultant to conduct qualitative research in Gitarama and Kibungo provinces. This research revealed how deeply valued breastfeeding was in Rwandan culture while at the same time demonstrating how at risk it was due to a strong belief in insufficient milk, premature supplementation, and insufficient knowledge and training regarding breastfeeding and lactation on the part of mothers, community workers, and health workers.

This initial research also identified key behavioral issues that EPB planned to explore further, such as the finding that women feel that drinking water dilutes breastmilk. The role of traditional healers in treating breastfeeding-related problems and illnesses was another area EPB planned to explore. Technical assistance to further investigate these issues was planned for May 1994. Also in May 1994, EPB was planning to provide assistance in materials development on weaning to the MOH Nutrition Division and on LAM to SNAF, both of which were in the process of producing educational materials and needed technical assistance to plan pre-testing and other aspects of materials development.

In early 1994, using the results of the MOH/EPB qualitative research as a resource, Dr. Kabano had begun gathering information for use in planning for community outreach activities in the provinces of Kibungo and Gitarama, to complement RIM activities in health services. This work was never completed due to the outbreak of violence in Kigali in April 1994, which resulted in the closing of the USAID Mission and

suspension of all development activities in the country. EPB continued over the following months to attempt to locate its Resident Advisor and to wrap up several small ongoing activities. (Thankfully, Dr. Kabano, along with his wife and sons, survived the violence.)

### ***Use of the Balance of Rwanda Add-on Funds: Maternal and Infant Feeding in Emergency Humanitarian Assistance***

Persons in displaced and refugee status represent a growing population worldwide, but particularly in Africa. After the outbreak of violence in Rwanda, several refugee camps were set up in neighboring countries, including Tanzania, and large numbers of Rwandans remain there even now. EPB and USAID/AFR and USAID/BHR agreed that an appropriate use of the add-on funds for Rwanda would be to conduct research to examine the impact of refugee status on feeding patterns, including infant feeding practices. This research has been carried out by EPB in camps in the Ngara, Tanzania region, and a report on this research is available from EPB. (See section on Maternal and Infant Feeding in Emergency Humanitarian Assistance).

### ***Documents Available on EPB Activities in Rwanda***

- < Breastfeeding in Rwanda: Assessment of Practices and Promotion
- < Qualitative Research on Breastfeeding in Kibungo and Gitarama Provinces, Rwanda (English and French)
- < Final Report: Wellstart International Expanded Promotion of Breastfeeding Program in Rwanda
- < Summary Report: Rapid Assessment of Infant Feeding Practices in Two Rwandan Refugee Camps

A team from the Senegal MOH participated in the Lomé Infant Feeding Conference in September 1991. Presented at the conference was a 1991 study of breastfeeding practices in maternity wards that showed that 93% of health workers thought newborns needed water in addition to breastmilk. Overall, it became clear that most health workers were not familiar with the basic principles of lactation.

In September 1992 in response to a request from the MOH, EPB provided technical assistance to develop a national plan of action for the promotion of exclusive breastfeeding. In June 1994 EPB received add-on funding from USAID/Senegal to provide specific technical assistance visits to support and promote optimal infant feeding practices within Senegal. The emphasis of EPB technical assistance was in IEC support at the community level. EPB worked closely with BASICS in-country representatives to ensure integration of breastfeeding within child survival activities.

TOTAL POPULATION, MID-1996: **8.5 MILLION**

INFANT MORTALITY RATE, 1996: **68**

MATERNAL MORTALITY RATE, 1980-92: **560**

TOTAL FERTILITY RATE, 1996: **6.0**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **46**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **7**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: **41**

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: **48**

Sources:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.

## Strategy Paper

Throughout 1993 EPB kept in touch with representatives of PRITECH, the MOH, and others to gauge the level of interest and determine next steps. In June 1993 USAID/Senegal expressed an interest in having EPB and the Weaning and Infant Nutrition Support (WINS) Project work with the MOH to examine ways to strengthen maternal and infant health strategies, that would include breastfeeding promotion. The result of this collaboration was summarized in a 1994 document entitled *Support for Senegal's Program to Combat Protein-Energy Malnutrition*.

## National Breastfeeding Policy Workshop

In May 1994 a national policy workshop for breastfeeding was conducted by the Applied Nutrition Service of the MOH and Social Action (SANAS) and EPB. Over 40 people attended the workshop along with representatives from USAID, WHO, UNICEF, and the MOH. The highly productive workshop lasted three days and resulted in a near final draft of a strong national policy. The policy provided broad principles to be followed in the promotion and protection of breastfeeding in four critical areas: the role of health services personnel; IEC; the commercialization of breastmilk substitutes; and, legislation affecting working mothers.

## French LME Course

With USAID assistance, two policy makers from Senegal participated in the first LME Program for French-speaking participants in December 1993 to better understand breastfeeding issues and the importance of optimal infant feeding to maternal and child health. A second French LME course was held in June 1994 and five Senegalese participated in the program, representing the MOH, SANAS, medical schools, and primary health care.

### ***Breastfeeding Assessment***

In September 1994 two EPB staff assisted SANAS in an assessment of breastfeeding practices in Senegal. The assessment examined all aspects of infant feeding practices in Senegal from national policies to infant feeding formula marketing to a review of the DHS statistics. The assessment has been used extensively by the MOH and by other cooperating agencies (including BASICS who used it to help plan their country activities).

### ***Child Survival/Family Planning Coordination Workshop***

EPB participated in a cooperating agencies meeting in Washington, DC in November 1994 and a planning workshop for cooperating agencies and MOH personnel in Dakar in January 1995. The Dakar workshop was designed to coordinate activities for the upcoming year as well as decide on indicators to use to measure the project's overall effectiveness. During the workshop, EPB presented the results of the breastfeeding assessment to the one hundred participants.

### ***Qualitative Research***

EPB staff and a consultant worked closely with the MOH to conduct qualitative research on infant feeding practices in Senegal. The research was conducted in four states as well as in Dakar and focused not only on breastfeeding practices but also on the cultural beliefs surrounding breastfeeding. This research will aid the MOH and other cooperating agencies as well as serve as the foundation for EPB's technical assistance for the IEC campaign and training efforts that began in September 1995.

### ***Qualitative Research Workshop***

In October 1995, a workshop was held in Dakar to review and share the research results with key personnel in SANAS, Education Pour la Sante (EPS), Peace Corps, BASICS, and USAID. The workshop was facilitated by Judi Aubel, a consultant who guided the research team, and Yaya Drabo, BASICS regional IEC coordinator. Results of the research were presented and reviewed leading to the identification of problem areas in breastfeeding. By the end of the three-day workshop, sub-optimal breastfeeding practices within Senegal were identified and all the key players were brought together and informed of the situation.

### ***IEC Product Development***

In January 1996, after field work to probe further into suboptimal breastfeeding practices identified by the qualitative research, a message development workshop was held to identify the key messages to include in the IEC campaign as well as how best to send the messages. Many ideas were discussed and, based on the time frame of the project (i.e. six months until completion), efficacy of the various message vehicles, and

budget, the following approach was chosen. This initial IEC round focused on the key problem areas using basic breastfeeding messages that take into account the heavy daily workload of mothers.

The following themes made up a ten-page flipchart to be used at the community level:

- < Nutrition for pregnant women;
- < Workload of pregnant women;
- < Early initiation;
- < Exclusive breastfeeding;
- < Frequency of breastfeeding;
- < Duration of breastfeeds;
- < Production of breastmilk;
- < Nutrition for breastfeeding mothers; and,
- < Complementary feeding.

To reinforce the message of the flipchart, one-page brochures were designed that contained replications of the flipchart images as well as the key messages translated into local languages spoken in the various regions. Mothers were given the brochures to take home to be used as a reminder of the basic breastfeeding messages and to share with others.

Three radio spots were developed in three local languages to address some issues in more detail. All radio spots were developed as sketches using the same mother throughout and having her deal with different influentials—a grandmother, a TBA, and a friend. The topics covered were early initiation, exclusive breastfeeding (not giving any water or any other liquids), and the production of breastmilk (the more a mother breastfeeds, the more milk she will produce).

### ***Training for the Use of IEC Products***

A training-of-trainers workshop was held in Dakar in July 1996 for regional personnel of SANAS and EPS who will later conduct their own training in the regions. The emphasis of the training included a review of the participatory ways to use the flipcharts and handouts as well as a refresher course in optimal breastfeeding practices. It is through these key regional personnel that flipcharts and handouts will be distributed during future trainings.

### ***Future Activities***

Breastfeeding promotion will continue to be one of the key initiatives of SANAS as they continue to conduct trainings at the regional level. This will be accomplished with the support of BASICS. EPS, in collaboration with SANAS and BASICS and with funding from USAID, will monitor the use of IEC products as well as evaluate their effectiveness. It is hoped that the airing of the radio spots will continue during the upcoming year with funding from BASICS as the spots become integrated into BASICS' overall IEC campaign.

### ***Documents Available on EPB Activities in Senegal***

- < Breastfeeding in Senegal: Assessment of Practices and Promotion
- < Qualitative Research on Breastfeeding in Senegal





## ***Short-term Technical Assistance in Africa***

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In early 1995, USAID/Guinea requested the assistance of a breastfeeding specialist from EPB to participate on a team to prepare recommendations for future family planning and health activities. In March 1995, EPB consultant Cheryl Combest spent three weeks in Guinea working with the project team to design the proposed breastfeeding strategy for Guinea.

In November of 1995, EPB made available an assessment of breastfeeding practices and activities in Guinea. This assessment was based on the visit and a thorough literature review. Copies of the assessment were disseminated through USAID/Guinea.

### **Documents Available on EPB Activities in Guinea**

<      Breastfeeding in Guinea: Assessment of Practices and Promotion

## Madagascar

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In 1995, several nutrition activities under the direction of the Madagascar MOH's Service for Food and Nutrition (MOH/SNA) were underway. These nutrition activities were primarily funded by UNICEF, the World Bank, and WHO, as well as other nutrition activities carried out by private voluntary organizations. Each of these groups had expressed a need to have more information on how to promote and maintain breastfeeding at the community level. It was at this point that a match was made between the needs of Madagascar and a manual that EPB and Nurture was developing in Latin America entitled *Community-based Breastfeeding Support: A Planning Manual*.

In January 1996, EPB staff made a visit to Madagascar to arrange a consultancy to adapt, pre-test, and translate the manual for use by the MOH and other PVOs. Cheryl Combest, a consultant who had previously worked with EPB in other countries, was hired to adapt the manual. The consultant worked closely with the MOH, Catholic Relief Services (CRS), the Peace Corps and CARE in getting the manual out to the communities for pre-testing so adaptations could be made. Changes were made to the French version and upon completion the manual was translated into Malagasy and distributed to all interested organizations. The french version of the manual will also be distributed throughout francophone Africa for possible use in those countries.

As a follow-on to this earlier initiative, and at the request of BASICS to collaborate on breastfeeding support activities, EPB sent consultant Edwin Kimbo to Madagascar in early November to provide technical assistance to the MOH's Service for Food and Nutrition (SNA). Dr. Kimbo served as a technical resource for a two-day workshop for staff of Baby-Friendly hospitals focused on breastfeeding of premature and low birth weight infants in a hospital setting. During this same visit, Dr. Kimbo took part in a one-day strategy planning session to develop a plan for incorporation of breastfeeding into the pre-service curriculum of medical schools in Madagascar. Finally, he participated in a one-day coordination meeting of donors to plan follow-on breastfeeding and nutrition activities that will be jointly sponsored by BASICS, OMNI, and the new USAID centrally-funded breastfeeding project.

### ***Documents Available on EPB Activities in Madagascar***

- < Community-based Breastfeeding Support: A Planning Manual (French; Malagasy)

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## ***Malawi***

The International Eye Foundation (IEF) requested that EPB assist with the initiation of a social marketing project to promote optimal infant feeding practices in Malawi. In September 1992, EPB fielded a consultant to conduct qualitative research in the lower Shire valley. The purpose of this consultancy was to document current breastfeeding and weaning practices. IEF used the qualitative research to plan specific interventions. In addition, UNICEF sponsored a two-day workshop on breastfeeding, based on the research, for the MOH. The workshop, in turn, prompted the MOH to begin a knowledge, attitudes, and practices (KAP) study among health workers as a prelude for designing an in-service training program.

### ***Documents Available on EPB Activities in Malawi***

- < Social Context of Infant Feeding in Chikwawa District, Malawi

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## ***Uganda***

In 1992 and 1993, EPB provided several technical assistance visits to collaborate with the Ugandan MOH. In November 1992 an EPB staff member and a consultant participated in two infant feeding and nutrition workshops in Uganda. The focus of these workshops was to disseminate information from a breastfeeding assessment (co-sponsored by EPB and MotherCare) and an infant growth faltering assessment. Out of these workshops arose a draft three-year Child Nutrition and Growth Promotion Action Plan for Uganda.

From March to May 1993 EPB and the MOH conducted qualitative research on breastfeeding in four districts of Uganda: Luwero, Mbarara, Mbale, and Apac. The research investigated the cultural aspects of breastfeeding and the rationale behind practices to provide a basis for programming decisions.

In June 1993, EPB staff provided technical assistance in the development of a national breastfeeding training strategy and a curriculum for health workers. The training strategy workshop included representatives from both the public and private sectors. Workshop participants developed a strategy to train both public and private sector health workers from health care facilities and at the community level. The working group recommended that breastfeeding training be integrated into the existing diarrheal and ARI training program. A second workshop was held to draft a hands-on breastfeeding curriculum for training TBAs, CHWs, and traditional healers. UNICEF and the MOH have since pre-tested and finalized this curriculum.

### ***Documents Available on EPB Activities in Uganda***

- < Breastfeeding in Uganda: Beliefs and Practices Report of Qualitative Research

***Asia, the Near East, and the  
Newly Independent States***

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In the early 1990s Armenia received large quantities of infant formula from donor organizations. At the time, recent socio-economic changes in Armenia were mistakenly perceived as a threat to mothers' ability to breastfeed. During the late spring of 1994, precipitated by USAID's decision to cease all formula shipments to the region in 1994, the MOH anticipated a complete cessation of donated formula supplies and a formula crisis by late summer.

EPB began working in Armenia at USAID's request in May 1994. To determine local needs and plan appropriate support, EPB carried out an in-depth literature review and short in-country assessment of maternal and child health, family planning, and breastfeeding. This review and assessment, along with a 1993 USAID-funded baseline research study on breastfeeding practices by Kim Hekimian, indicated that there was an urgent need for breastfeeding promotion because of the economic crisis, declining health status, and dependence on infant formula. Three areas targeted for technical assistance were: program and policy development; training of health care personnel; and, a social marketing campaign to promote optimal breastfeeding behaviors. Following the assessment, a memorandum of intent, specifying EPB's technical assistance for optimal breastfeeding, was signed between USAID and the MOH.

TOTAL POPULATION, MID-1996: **3.8 MILLION**

INFANT MORTALITY RATE, 1996: **15**

MATERNAL MORTALITY RATE, 1980-92: **20**

TOTAL FERTILITY RATE, 1996: **1.7**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: ...

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: ...

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: ...

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: ...

Sources:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.  
- The State of the World's Children, UNICEF, 1996.  
- Children and Women in Armenia: A Situation Analysis, UNICEF, May 1994.

In the fall of 1995, EPB funded a qualitative evaluation, carried out by the American University of Armenia, to determine what effect breastfeeding promotion activities in Armenia had on feeding practices and knowledge. While it was impossible to determine the effect of any one specific technical assistance component, the results of the evaluation clearly indicated that the combination of interventions produced changes in postpartum hospital practices as well as improved knowledge levels among health care providers and mothers. However, breastfeeding promotion activities in Armenia should be expanded to increase the prevalence of optimal feeding practices, which still remains low.

## Program and Policy Development

In spring 1994, EPB worked with counterparts and a local consultant to carry out a maternal and child health, family planning, and breastfeeding assessment in Armenia. EPB then used results of the assessment along with a previous baseline to develop a Memorandum of Intent between USAID and the MOH outlining EPB's technical assistance to the national breastfeeding program.

EPB funds supported a three-member maternal and child health MOH team's attendance at the EPB Reproductive Health Seminar held in Kiev, Ukraine in October 1994. The seminar focused on providing technical updates in the areas of breastfeeding, family planning, and maternal and child health.

### ***Training***

The national breastfeeding coordinator and two members of the national breastfeeding committee participated in the LME Program by attending the Russian lactation management course in November-December 1994, with funding from the AED NIS Exchanges and Training Project (NET). During the course, EPB's Training Advisor held a special week-end workshop to develop a short-term in-service training strategy for health providers.

### ***Communications***

Throughout the summer of 1994, EPB and consultants and staff from The Manoff Group worked closely with the MOH to design and develop a communications campaign on optimal infant feeding targeted at mothers and health workers. The campaign was launched in late September 1994 with a joint USAID, MOH, UNICEF, and EPB press conference for over 50 representatives of the press. EPB then carried out a rapid communications campaign from September to December 1994 to help women and health providers cope with the expected shortage of free formula supplies. This campaign complemented the hospital training that was already underway with support from UNICEF. The campaign, the first of its kind in the NIS, consisted of 112 two-minute TV spots, 168 radio spots, newspaper advertisements, and 60,000 brochures for mothers.

### ***Monitoring and Evaluation***

EPB worked with local Armenians to monitor campaign coverage as well as mothers' exposure to and recall of messages. Coverage of the campaign appears to have been almost 100% and the magnitude of the changes suggest that the campaign had a significant impact. A final monitoring report was produced by EPB staff to share the monitoring results of the campaign with counterparts.

EPB consultants met with UNICEF and the MOH to discuss evaluation plans and design issues. A tentative design was drafted for a final evaluation, to be conducted by the American University of Armenia. With technical and financial support from EPB, the University and the MOH carried out a final qualitative evaluation to assess the impact of both the campaign and the national breastfeeding program in the fall of 1995. Information that was gathered for the purposes of this evaluation included: surveys of mothers, pregnant women, and health care providers; direct observations of maternity wards of four out of eight delivery hospitals in Yerevan; in-depth interviews with key collaborators, mothers, and health care providers; and, data gathered from donor organizations about formula distribution, as well as observations on market availability of formula.

Results from the evaluation clearly indicated that, while there were changes in postpartum hospital practices and improved knowledge levels among health care workers and mothers, the prevalence of optimal feeding practices remained quite low. Women initiated breastfeeding more immediately and breastfed more frequently but the use of supplemental liquids and formula prior to four months remained the norm. The positive effects of policy change were apparent in the greatly improved rates of immediate initiation and rooming-in in the delivery hospitals in Yerevan.

The qualitative evaluation report offered the following recommendations, useful for future breastfeeding projects in Armenia:

- < breastfeeding promotion activities need to be expanded in Armenia, both in the area of increased education for mothers, and increased training for health care providers;
- < more needs to be done to reduce the number of infants that are kept from mothers for unnecessary reasons (e.g., breech birth, large baby);
- < the prevalence of swaddling needs to be checked, since this universal practice appears to interfere with good breastfeeding attachment;
- < in-service training of physicians, and especially nurses, in lactation management is needed, possibly implemented with guidance from the three trainees from Armenia who attended the LME program;
- < print medium is an appropriate way to channel health information in Armenia, because there is universal literacy, a tradition of reading about health, and a lack of available material on the market;
- < while reprinting the same brochure is the cheapest way to continue a supply of print materials, an updated version providing more and better detailed information would be more effective; and,
- < Felicity Savage-King's book *Helping Mothers to Breastfeed*, which has been translated and printed by UNICEF, has been highly praised by women in Armenia. However, only 3,000 copies have been printed and there are approximately 60,000 births per year in Armenia.

### ***Documents Available on EPB Activities in Armenia***

- < Maternal and Child Health, Family Planning, and Breastfeeding in Armenia
- < Armenia Communications Campaign Monitoring Report
- < Armenia Communications Campaign to Promote Breastfeeding: A Qualitative Evaluation



EPB began working in the Republic of Georgia at the request of USAID in May 1994. EPB carried out a “rapid assessment” of maternal and child health, family planning, and breastfeeding practices to determine local needs and plan appropriate support. This assessment identified an urgent need for breastfeeding promotion resulting from the declining economic and health situation and increasing dependence on emergency formula donations. The approximately 280,000 internally displaced persons in Georgia, many of whom were women and children, were especially vulnerable during this time of transition.

The assessment team found universal agreement that the decline of breastfeeding had accelerated in recent years and that new formulas were greatly valued by mothers. The Georgian government and foreign donors expressed concern that an unsustainable nutritional dependence was developing, in addition to the loss of health benefits associated with breastfeeding. Consequently, breastfeeding promotion was identified as an urgent need to reduce dependence on temporary emergency formula donations and to ensure better food security for Georgian infants.

TOTAL POPULATION, MID-1996: **5.4 MILLION**

INFANT MORTALITY RATE, 1996: **18**

MATERNAL MORTALITY RATE, 1980-92: **55**

TOTAL FERTILITY RATE, 1996: **1.3**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: ...

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: ...

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: ...

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: ...

Sources:

- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.
- The State of the World's Children, UNICEF, 1996.
- Women's Health Profile: Georgia, WHO/UNICEF, 1993.

Discussions with the MOH about this situation led to the development of a Memorandum of Intent for EPB's technical assistance in August 1994. The Memorandum was approved by USAID, funded by an add-on from the NIS Task Force, and signed by EPB/Georgia and the Georgian Minister of Health, Dr. Avtandil Jorbenadze, in November 1994. The agreement outlined a three-pronged strategy for breastfeeding promotion with technical assistance in: 1) program and policy development; 2) training; and, 3) mother-to-mother support.

At the same time, the MOH expressed a strong commitment to launching a national breastfeeding program and named the country's Chief Pediatrician, Dr. Ketevan Nemsadze, national coordinator of this program. To provide continued support to the national breastfeeding program, EPB hired Dr. Zenaida Nihill as a resident advisor. An in-country EPB office was opened in January 1995. The joint commitment of the MOH, EPB, USAID, and other donors, including UNICEF, Feed the Children, and Oxfam led to an extraordinarily successful program that lasted from October 1994 until November 1995.

The MOH breastfeeding promotion program made tremendous strides in the promotion of breastfeeding in the Republic of Georgia. Since December 1994, two MOH personnel participated in Wellstart International's LME Program by attending the course in San Diego, a national decree was issued by the MOH to institutionalize rooming-in in maternity homes, a training strategy was developed, a training curriculum was adapted for use, a cadre of nine master trainers was created, approximately 328 health professionals were trained, technical materials were disseminated and published, a Lactation Management Center was

established, and a broad base of support for breastfeeding was created. Stephen Johnson of UNICEF/Georgia described one Tbilisi training session and overall coordination between EPB/Georgia, UNICEF, and the Georgian government as a “model of cooperation that should be copied by others.”

This work was accomplished at one-half the cost of other national training programs. These developments resulted in an overwhelming demand for training nationwide that extends beyond the current resources of the MOH. The Republic of Georgia is poised for a revolution in health care practices and should coordinate with the international donors working in health care reform to gain continuing support for its breastfeeding program. UNICEF and World Bank resources should be tapped to ensure that the tremendous progress made by training health care professionals is sustained.

### ***Program and Policy Development***

In August 1994 EPB held a coordination and planning meeting for the MOH and local PVO/NGO community in Tbilisi to discuss breastfeeding promotion and the formula crisis. This meeting sparked interest in breastfeeding promotion as an antidote for the looming formula crisis. Also during this visit, EPB assisted in the nomination of the National Breastfeeding Coordinator and the formation of the National Breastfeeding Committee (NBC), active since August 1994. EPB assisted the NBC to draft and implement a national breastfeeding promotion program which has been in operation since December 1994.

EPB also supported a five-member MOH team's attendance at a Reproductive Health Seminar held in Kiev, Ukraine in October 1994. The seminar provided technical updates in the areas of maternal and child health, family planning, and breastfeeding.

EPB provided ongoing technical assistance on breastfeeding policy documents and MOH/NGO formula distribution strategies. The NBC and the MOH released revised maternity house guidelines in support of optimal breastfeeding practices (revisions to Soviet Decree 55) in January 1995. These new guidelines have dramatically improved rooming-in practices. EPB also provided technical assistance and coordination to local PVOs/NGOs and donor organizations. For example, in February 1995, Wellstart's resident advisor and the NBC briefed twelve field monitors working for CARE on breastfeeding promotion. Field monitors are now equipped to support pregnant and lactating women to optimally breastfeed.

### ***Training***

EPB supported the participation of the national breastfeeding coordinator and another member of the NBC in Wellstart International's Russian-language lactation management course held in November-December 1994. During the course, EPB and LME staff held a week-end workshop to develop a short-term in-service training strategy for health providers. EPB then provided funding and technical assistance for the translation and adaption of an in-service breastfeeding curriculum from February to July 1995. This is the only child survival curriculum currently available in the Georgian language.

EPB's Training Advisor conducted a training-of-trainers course on adult learning principles and presentation skills for a core group of master breastfeeding trainers in July 1995. These master trainers are now better able to carry out effective training sessions for local health professionals.

EPB staff and resident advisor helped the NBC (in coordination with UNICEF) to implement their in-service breastfeeding training strategy. Approximately 328 health professionals have been trained in Tbilisi, Kutaisi, Zugdidi, Poti, Senaki, Talavi, and Batumi thus far. Results from pre- and post-tests indicate an average 80%

increase in knowledge among training participants. In addition, the NBC trained 35 nurses and midwives in Zugdidi with financial support from Feed the Children.

Currently, a decree is being considered for signature by the president of the Republic of Georgia that will ensure that breastfeeding is incorporated into pre-service training.

In conjunction with the training program, 700 copies of Felicity Savage-King's *Helping Mothers to Breastfeed* were adapted, translated into Russian, and distributed with many other translated technical articles on maternal and child health, family planning, and breastfeeding.

### ***Mother Support***

A video, *Breastfeeding: A Special Relationship*, was dubbed into Russian for use in Georgia. The video discusses the benefits and management of breastfeeding and is targeted at new mothers. A set of discussion questions have also been drafted to accompany the video. The video was nationally televised with funding from UNICEF on twelve consecutive Saturdays and was followed by a discussion period with members of the NBC, physicians, and mothers.

EPB also worked with a local PVO, Women of Georgia for Peace and Life (WGPL), to promote breastfeeding at the community-level. The WGPL published ten articles about breastfeeding in their monthly newsletter, which has an average circulation of 5,000 copies. EPB donated \$1,000 toward the publication of that newsletter and invited the editor to participate in the 24-hour lactation management education training.

A brochure for mothers is available to answer questions that mothers have as they begin to breastfeed. After technical review by EPB, Feed the Children funding will allow an initial printing of 30,000 copies of the five-fold color brochure. The brochure will be distributed by nurses and midwives in women's polyclinics and in centers where staff have been trained in lactation management. It will be used to instruct mothers on breastfeeding.

### ***Documents Available on EPB Activities in the Republic of Georgia***

- < Maternal and Child Health Needs in Georgia
- < Wellstart International's Expanded Promotion of Breastfeeding Program in the Republic of Georgia: Country Close-out Report



## ***Kazakstan (and the Central Asian Republics)***

EPB began working in Kazakstan in response to a request by the USAID Office of Health to coordinate and fund a maternal and child health seminar for the Central Asian Republics (CAR) of the NIS (Kazakstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan). During this seminar, representatives from the CAR stated concerns about the steady decline in the initiation, duration, and quality of breastfeeding in their countries. The reported decline is especially alarming in the face of rising infant mortality, poor water and sanitation, and high fertility levels. At the seminar, two specific concerns were expressed about breastfeeding. The first was anxiety about the potential presence and significance of environmental contaminants in breastmilk. The second was a widespread belief among health care providers and the general population that women in Kazakstan suffer from “insufficient milk” and are unable to breastfeed due to high levels of stress and malnutrition. EPB received add-on funding from the USAID/ENI bureau to support research in Kazakstan to address these concerns. These add-on funds have since been supplemented with EPB core funding.

TOTAL POPULATION, MID-1996: **16.5 MILLION**

INFANT MORTALITY RATE, 1996: **27**

MATERNAL MORTALITY RATE, 1980-92: ...

TOTAL FERTILITY RATE, 1996: **2.3**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: ...

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: ...

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: ...

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: ...

### **Sources:**

- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.  
- The State of the World's Children, UNICEF, 1996.

### ***Program and Policy Development***

In January 1993, EPB coordinated and funded a maternal and child health seminar in Almaty, Kazakstan for over 140 senior policy makers and program managers from the CAR. This seminar launched the USAID reproductive health initiative in the region.

Later that spring, a consultant working for EPB conducted an analysis of institutions and human resources in the maternal and child health sector in four of the Central Asian Republics. These profiles have been widely distributed and found to be a useful tool for other contractors and donors working in the region.

### ***Research***

In winter 1992/93, an EPB consultant carried out a background review of environmental contamination and toxins in breastmilk, water, and cow's milk, which resulted in the paper, *Environmental Contaminants and Their Significance for Breastfeeding in the Central Asian Republics*. This paper is available in Russian and English and has been distributed to interested parties in the CAR.

To further address concerns of health care professionals, EPB conducted a study on breastmilk contamination in Kazakstan in collaboration with the MOH and the Institute of Nutrition of the Kazakstan National Academy of Sciences. The purpose of the study was to provide a scientific basis for the formulation of infant

feeding policy. The study was divided into two phases: Phase I focused on selected chlorinated contaminants with samples collected from Central and Southern Kazakhstan. Phase II focused on heavy metals and radionuclides with samples collected from Central and Northern Kazakhstan.

The results of this study showed concentrations of toxic metals were similar to those in other countries. No radioactivity was detected. Total PCBs were all below European concentrations. Many chlorinated pesticide residues commonly seen in Europe were not detected; however, concentrations of DDT and beta-hexachlorocyclohexane exceeded European background concentrations. Although concentrations of dioxins and furans were generally similar to background concentrations, localized high concentrations of the most toxic congener, TCDD were identified. Based in part on the results of the study, the MOH is promoting breastfeeding. The final report and a technical summary on the study were disseminated in Kazakhstan.

## **Communications**

In spring 1994 EPB carried out qualitative research on infant feeding practices in Kazakhstan. Relating back to one of the two major concerns expressed by participants in the 1993 Maternal and Child Health Seminar, all cases of “insufficient milk” encountered in this research could be attributed to a specific way that breastfeeding was being practiced that was impeding successful lactation. The final report has been translated and disseminated by the MOH to maternal and child health professionals in each of the oblasts of Kazakhstan.

As part of the two site visits for the research study mentioned above, EPB staff distributed breastfeeding materials to in-country collaborators and hospitals around Kazakhstan. EPB’s breastfeeding information sheets for health providers were translated into Russian and adapted for use in Kazakhstan. These sheets had been pre-tested previously in two sites in Kazakhstan (Almaty and the Kaskelen district). In addition, EPB distributed 2,000 copies of the Russian translation of the WABA “Mother-Friendly Work Place Initiative Action Folder” to key institutions and health professionals in the CAR in spring 1994. EPB also distributed 80 copies of the Russian version of Felicity Savage-King’s *Helping Mothers to Breastfeed* to health professionals in Central and Northern Kazakhstan during the Phase II collection visit of the breastmilk contaminants study.

## **Training**

EPB assisted fifteen participants from the CAR to attend Wellstart International’s first Russian language LME Program in San Diego in September 1993. Each country team developed a national breastfeeding plan that is available in English. There was also a follow-up visit to the CAR teams in fall 1994 by the LME clinical staff to document activities initiated by LME participants and to provide recommendations for further breastfeeding education and promotion.

As part of the qualitative research and breastmilk studies, an EPB consultant trained over 30 Kazakstani counterparts in EPI-Info and basic computer skills to help them to analyze data from the infant feeding and maternal risk questionnaires used in the breastmilk contaminants study. This training took place from May to August 1994.

## **Case Study**

EPB also carried out a preliminary case study to assess the impact of Wellstart inputs on breastfeeding promotion efforts in Kazakhstan. The case study included informal collection and documentation of breastfeeding promotion activity as well as limited interviews with key informants. The case study documented breastfeeding outputs in relation to the USAID maternal and child health conference in Almaty in 1992, the qualitative research on infant feeding, the Kazakhstan Breastmilk Study, and the LME Program and follow-up.

### ***Documents Available on EPB Activities in Kazakhstan***

- < Environmental Contaminants and their Significance for Breastfeeding in the Central Asian Republics
- < Study of Breastmilk Contaminants in Kazakhstan: Training of Local Collaborators in Software and Data Analysis
- < Profiles of Major Health Institutions and Selected Senior Health Personnel Responsible for MCH Activities
  - Republic of Kazakhstan
  - Republic of Kyrgyzstan
  - Republic of Turkmenistan
  - Republic of Uzbekistan
- < Qualitative Research on Breastfeeding in Kazakhstan
- < Kazakhstan Breastmilk Study: Technical Summary
- < Progress Toward a National Breastfeeding Program in Kazakhstan: A Preliminary Case Study



Pakistan is known for the famous picture of a mother breastfeeding one twin while bottle feeding the other, an acutely malnourished child. This picture graphically illustrates the benefits of breastfeeding over bottle feeding—less well known or documented are the benefits of exclusive breastfeeding over mixed feeding (breast, bottle, or early introduction of liquids). Pakistan, like most developing countries, has high rates of initiation of breastfeeding with low rates of exclusive breastfeeding. Though the LME Program has been working with USAID/Islamabad for a number of years to enter teams from most regions of the country in the LME Program and assist in the development of a training curriculum in lactation management, it was not until last year that the EPB Program became involved in Pakistan. As part of the bilateral Pakistan NGO Initiative (PNI) project, EPB, along with MotherCare and The BASICS Project, received add-on funds to provide technical assistance to the health related activities supported by The Asia Foundation (TAF) and The Aga Khan Foundation (AKF). The PNI is a three year project (1995-1998) designed to “strengthen NGO capacity to work with local communities to access/deliver improved social sector services” with specific emphasis on maternal health, child survival, female education, and family planning (*USAID Project Summary Description*).

TOTAL POPULATION, MID-1996: **133.5 MILLION**

INFANT MORTALITY RATE, 1996: **91**

MATERNAL MORTALITY RATE, 1980-92: **500**

TOTAL FERTILITY RATE, 1996: **5.6**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **35**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **25**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: **29**

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: **52**

Sources:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.  
- The State of the World's Children, UNICEF, 1996.

The underlying philosophy of the PNI is that technical assistance should be “demand driven,” that is, based on the needs and requests of the NGOs. EPB’s ability to complete the activities proposed in the workplan for FY’96 would be contingent on NGO demand. To determine a plan for technical assistance, EPB staff traveled to Pakistan with representatives from MotherCare and BASICS to meet with TAF, AKF, and selected NGOs in December 1996. EPB, BASICS, and MotherCare developed a joint document of potential technical assistance activities for TAF and AKF to consider. The technical assistance proposed included three broad technical assistance strategies: 1) participatory planning and capacity building; 2) program development and implementation; and, 3) information documentation and dissemination.

In keeping with the “demand driven” philosophy, FY’96 was planned as an assessment period. Participatory planning and capacity-building activities were designed to help NGO workers and community members develop the capacity to identify and prioritize their needs and develop activities and solutions to address these needs. During this process NGOs, in collaboration with TAF and the coordinating partners, were able to identify and plan further technical assistance requests. Due to the fact that the EPB Program was in its final year, TAF requested immediate technical assistance with IEC materials development. Once the IEC materials were produced, EPB conducted a training-of-trainers workshop for NGO participants on the use of the IEC materials, breastfeeding, and interpersonal communications/counseling skills.

EPB managed to accomplish a great deal in Pakistan in the short amount of time available before EPB ended. More importantly, the projects that EPB initiated can readily be continued and expanded by other projects operating in Pakistan.

### ***Participatory Planning and Capacity Building***

EPB collaborated with BASICS in the spring of 1996 to design a workshop on the autodiagnosis/community self-assessment process. The purpose of the autodiagnosis workshop was to increase the capacity of NGO staff to implement participatory approaches in their project areas. This autodiagnosis was designed to ensure that NGO members acquired the skills to continue the process of needs assessment and planning to better identify their own needs.

### ***Program Development and Implementation***

In December 1995, in response to TAF's request for immediate technical assistance for IEC materials development, EPB staff and a consultant from The Manoff Group traveled to Pakistan to meet with TAF and five selected NGOs to determine what IEC materials were needed to support NGO infant feeding promotion. The NGOs' needs were identified through a participatory workshop designed to teach NGO staff about the materials development process.

During this workshop the NGOs selected two types of materials: (1) counseling cards; and, (2) audio discussion tapes for use with groups. To determine appropriate messages for the IEC materials a grid describing infant feeding behaviors, resistances, and motivations was initially developed with input from NGO participants and based on qualitative research previously done by The Manoff Group. An IEC workplan and budget were formulated, an advertising agency was selected, and arrangements were made to hire an in-country consultant, Ms. Naheed Bashir, to manage the materials development process.

In March 1996, Manoff consultant Liz Gold returned to Pakistan to conduct a pre-test of the IEC materials in NGO outreach areas and to provide training in pre-test methodology to select NGO staff.

The following IEC materials were produced:

- < 1,000 sets of counseling cards (education and problem cards);
- < 100 carrying bags for the cards;
- < 1,000 instruction cards to accompany the counseling cards; and,
- < 120 copies of a two-sided cassette which accompanies the counseling cards.

The audio cassette was developed in the following five regional languages: Urdu, Punjabi, Sindhi, Pushto, and Bhravi. The cards were written in Urdu.

In July 1996 EPB sent two consultants, Maria Jose Suarez and Dr. Carmen Casanovas, to Pakistan to conduct a training-of-trainers workshop on breastfeeding and the use of the IEC materials. The training also emphasized interpersonal communications/counseling skills, a need identified by the NGOs themselves and confirmed by the pre-test and the autodiagnosis. Sixteen participants were trained, including participants from the five NGOs, the MOH, AKU (staff who will be working on a community lactation support proposal), and the Family Planning Association of Pakistan.

Following the training, Ms. Suarez conducted a curriculum development workshop with eight of the NGO participants who attended the training to adapt/develop a curriculum on breastfeeding and interpersonal

communications and counseling skills. Participants chose to adapt the EPB community counselors curriculum (developed in Honduras) for use in Pakistan. NGO participants were eager to begin recruiting and training volunteer breastfeeding counselors in their communities, using their new skills and materials.

Dr. Carmen Casanovas traveled to Karachi after the training-of-trainings to work with Dr. Rahat Qureshi, of Aga Khan University, to design a proposal for community lactation support groups. This proposal will be used to obtain funding for community lactation support groups.

### ***Extension Activities***

While EPB completed a significant amount of work during 1996, closure was not reached on all activities and demand was generated for additional follow-up. The three-month extension gave EPB the opportunity to further advance breastfeeding and counseling work with the NGOs involved in the PNI Project.

During the extension, EPB developed a module on how to train others to use the breastfeeding cards and cassette tape. EPB consultant Maria Jose Suarez provided additional training to NGO trainers on how to use the materials and tried out the new training module. Suarez and NGO trainers made improvements in the module so that it may now be used by NGO trainers to train others to use the breastfeeding cards and cassette tapes.

The breastfeeding curriculum NGOs selected for Pakistan during the July workshop needed significant revision, since this curriculum was initially developed for use in Latin America. While initial adaptation had taken place in July, more work was needed to make this curriculum appropriate. During the extension, EPB supported the translation of the curriculum into Urdu. Suarez conducted a curriculum adaptation and training workshop. During this workshop trainers adapted the breastfeeding chapters of the curriculum to both the Pakistani culture and to the appropriate technical level of their audiences. Participants also integrated use of the breastfeeding cards and tapes into the curriculum. Finally workshop participants trained each other using the curriculum and planned for further field testing of the curriculum in their own communities.

After this workshop, Suarez provided technical assistance to HANDS, a Pakistani NGO, to field test the curriculum in a community outside of Karachi. She also conducted a workshop on group facilitation and interpersonal counseling techniques for the staff of the Aga Khan University Hospital.

In December, TAF sponsored a meeting entitled “Planning Together for NGO Health Programs.” The purpose of the meeting was to review the work already accomplished under the PNI Project and to plan for future activities. EPB consultant Suarez attended this meeting and chaired the session reviewing the breastfeeding/counseling activities which had taken place to date. She also worked with meeting participants to help them develop their workplans and define needs for future technical assistance in breastfeeding, counseling, supervision and other areas.

### ***Future Activities***

Much of the work that EPB began in Pakistan can be readily picked up by TAF and the other coordinating partners, either BASICS or MotherCare. During the extension, EPB met with partner cooperating agencies to discuss potential follow-up activities. Specific activities will need to be determined periodically based on dialogue and assessment of NGOs’ staff strengths and needs. Naveeda Khawaja, MotherCare’s in-country representative, will be able to provide ongoing monitoring of NGO breastfeeding activities over time, but a more in-depth assessment of skills and needs should be conducted as well. If TAF and the NGOs request

assistance in the future, it could be provided by individuals who have been involved with EPB work in Pakistan (The Manoff Group, Maria Jose Suarez) or by other qualified individuals identified by the cooperating agencies.

Ideas for possible expansion of EPB's work include the following:

- < *The five participating NGOs should receive continued support and monitoring*—They may receive additional technical assistance through a refresher course, or a course in another area of need as identified by results of monitoring (i.e. group facilitation techniques, supportive supervision, monitoring, etc.) Once representatives from the five participating NGOs have reached a sufficient level of skill in technical content, materials use, and counseling skills they could serve as a training resource for other NGOs under the PNI who wish to receive skills and copies of the materials.
- < *Adding additional chapters to the curriculum and additional cards to counseling card set to cover other technical areas (i.e. complementary feeding, anemia, etc.)*— Chapters on maternal health and on complementary feeding were not included in the breastfeeding curriculum which was adapted for use in Pakistan. It is highly recommended that these and possibly other chapters be added to the curriculum to provide NGO staff with information and skills in other important technical areas. It is also possible to add additional cards to the current set of counseling cards which would correspond with these new chapters. This would involve more formative research, materials development, pre-testing, and training.
- < *Use of materials by additional NGOs participating in the PNI*—NGOs participating in the PNI in addition to the five NGOs Wellstart has been working with may wish to receive copies of the materials and training in breastfeeding, counseling, and use of the materials. This scenario is feasible at relatively low cost, since Wellstart has produced enough copies of materials to disseminate to additional NGOs.
- < *Use of materials by the MOH*— Both Naveeda Khawaja and EPB have been approached by the MOH and UNICEF about the possibility that the cards could be reproduced and used by MOH Community Health Workers (the Prime Minister's Program Workers). This does not fall directly under the PNI scope of work, nor is it possible to make a decision about the possibility or the merits of "scaling up" at such an early date. First it is necessary to determine that the materials are helpful for the five participating NGOs, before such an issue could even be considered. The issue of "scaling up" through the public sector is, however, an issue to be kept in mind over the long term.

***Short-term Technical Assistance in Asia,  
the Near East, and the Newly Independent States***

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In February 1993 Chloe O’Gara, EPB Director, and Ann Brownlee, LME Technical Advisor for Program Development, Evaluation, and Research, traveled to Egypt with Randa Saadeh, Nutrition Advisor for the WHO to: review the breastfeeding situation and needs in Egypt; study the feasibility of establishing a national or regional lactation management training center; and, explore the potential for national breastfeeding promotion activities in Egypt and potential avenues for Wellstart collaboration and technical support. The team met with key national representatives and agencies including the National Steering Committee, the Ministry of Health, the Egyptian Society of Breast Milk Friends, UNICEF, USAID, WHO, the Clark Atlanta Child Survival Project, and other PVOs.

The joint team made several recommendations, including:

- < develop an operational plan for national breastfeeding promotion which identifies necessary resources to implement the plan;
- < send a multi-disciplinary team of health professionals to the LME Program to serve as “master trainers” for the national breastfeeding education center;
- < carry out a desk review of the status of infant feeding in Egypt; and,
- < develop a social marketing or IEC strategy for breastfeeding promotion, as requested by the MOH and the Child Survival Project.

USAID/Cairo and the MOH, with technical assistance from Wellstart’s LME and EPB programs, are currently working to plan and implement these recommendations. USAID/Cairo is providing funding to Wellstart International to promote breastfeeding through six technical components: Needs Assessment and Planning; Education and Training; Curriculum Development; Community Outreach; Information, Education, and Communication; and, Evaluation and Monitoring. Administrative arrangements will include co-staffing a national and sub-national training and resource center along with the MOH in close coordination with a large maternal and child health program for Egypt soon to be developed.

## ***Indonesia***

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The government of Indonesia has supported breastfeeding for several decades. In 1983, six Indonesians were among the first eight participants in the LME Program. There are now 46 Indonesian Wellstart Associates.

Yayasan Air Susu Ibu (YASIA), a nonprofit organization, and its working board, BKPPASI, receive assistance from the President’s office and the Office of Woman’s Affairs to facilitate the National Breastfeeding Movement. In January 1993 YASIA/BKPPASI received support from the Program for Appropriate Technology in Health (PATH), through a USAID-funded PVO grants program, to strengthen its institutional capabilities to coordinate breastfeeding promotion activities. With support from PATH, YASIA planned to conduct an assessment of the breastfeeding situation in Indonesia and to develop a long-term National Strategic Plan for Breastfeeding Promotion. YASIA/BKPPASI, in collaboration with PATH, requested short-term technical assistance from EPB to develop this National Strategic Plan.

In response to YASIA/BKPPASI’s request, Adwoa Steel, EPB consultant, assisted YASIA with analyzing the current breastfeeding situation in Indonesia. The findings from this situational analysis were distributed at a workshop to draft a national plan for breastfeeding promotion. Dr. Steel and EPB’s Training Advisor

assisted YASIA with organizing and conducting the workshop from August 23-25, 1993. Over forty representatives from governmental, non-governmental, and community organizations, and from professional associations, drafted a five-year national strategic plan for coordinating breastfeeding activities. Immediately after the workshop, YASIA submitted the draft National Strategic Plan to BAPPENAS, the state planning board. BAPPENAS incorporated the draft Plan into the first draft of the Repelita, the government's five-year plan.

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## ***Philippines***

The government of the Philippines has a strong commitment to breastfeeding. One hundred Baby-Friendly Hospitals were certified during the first 100 days of the new administration and a "Rooming-In Law" was passed in June 1992 that gives every baby the right to room-in with its mother. Wellstart LME has carried out a great deal of activity in the Philippines. Wellstart Associates can be found in all of the major hospitals in the Metro Manila area, in the Department of Health (DOH), and in a major health region (Cebu) outside Manila.

In September-October 1992, the EPB Outreach Advisor, Judy Canahuati, visited the Philippines to attend a presentation of a community breastfeeding promotion research project and to visit the two most important community organizations working in the Philippines, Philippines Community Breastfeeding Organization (ARUGAAN) and Balikatan at Ungnayang Naglalayong Sumagip sa Sanggol (BUNSO, a coalition of NGOs supporting breastfeeding).

EPB has remained in close contact with Ines Fernandez, Director of ARUGAAN. EPB sponsored her participation in the Women and Work workshop held with FHI in March 1993, which contributed to short-term strategies for World Breastfeeding Week and long-term plans to promote Mother-Friendly Work Places. EPB has also collaborated with ARUGAAN on a case-study video of working breastfeeding mothers, which was filmed in the Philippines.

In FY'95 Mary Lawrence, former Deputy Director of EPB, visited the Philippines to assess possibilities for support to an initiative for Mother-Baby Friendly Workplaces. Unfortunately, further funding was not available to support these activities.

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## ***Western Newly Independent States (WNIS)***

Following the successful Maternal and Child Health Seminar that was held in Almaty, Kazakstan in January 1993, USAID/Washington and USAID/Kiev expressed an interest in having EPB carry out a similar assessment and a Reproductive Health Seminar in 1994 for the western region of the NIS, including Ukraine, Moldova, and Belarus. USAID/ENI gave EPB add-on funds to support this activity.

A joint USAID/Wellstart/MotherCare team conducted an informal assessment of reproductive health care in Ukraine and Moldova in June 1994. They found that breastfeeding was declining and positive changes, such as rooming-in, were unevenly implemented. A major challenge for the health care system was maximizing the efficient use of limited economic resources to provide quality care. It was determined by the team members that an international seminar would be an effective initial activity to improve reproductive health care in the WNIS.

During the assessment, team members also noted that many women perceived their reproductive health care to be of poor quality. To address this, EPB conducted a Maternity Exit Survey that explored women's perceptions of their reproductive health care. The survey included questions on perinatal care, delivery, breastfeeding, abortion, and family planning. Results were presented at the Reproductive Health Seminar and helped provide a framework for addressing needs and recommending changes to the current reproductive health care system in these three countries.

EPB planned and held a regional Reproductive Health Seminar in Kiev, Ukraine in October 1994. The seminar provided a forum for technical updates and exchanges on maternal and neonatal health, breastfeeding, and family planning. Over 140 senior health professionals from Armenia, Belarus, Georgia, Moldova, and Ukraine attended the seminar. Technical presentations were made by representatives of Wellstart International, WHO, the JHPIEGO Corporation, JHU/PCS, MotherCare, Abt Associates, and IRH.

The seminar agenda also included working group sessions during which participants incorporated technical updates into draft reproductive health reform plans for their countries. Seminar participants each received a set of reference materials in Russian that included technical articles on maternal health, breastfeeding, and family planning and the following books: *Contraceptive Technologies* (Robert Hatcher, et al.), *The Physiological Basis of Breastfeeding, Protecting, Promoting, and Supporting Breastfeeding* (ed. James Akre), and *Helping Mothers to Breastfeed* (Felicity Savage-King), which was translated into Russian and adapted specifically for this seminar.

Teams from Belarus, Moldova, and Ukraine entered Wellstart International's LME Program by attending the November-December 1994 lactation management course and developed draft national breastfeeding promotion programs.

### ***Documents Available on EPB Activities in the WNIS***

- < Preliminary Reproductive Health Assessment of Ukraine and Moldova
- < Reproductive Health Seminar: Summary Report
- < Ukraine Maternity Exit Survey



## ***Latin America and the Caribbean***

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In 1992 MotherCare, together with The Manoff Group, LAC/HNS, and University Research Corporation (URC) completed a breastfeeding assessment in the Dominican Republic. This assessment helped raise awareness of the great need to promote breastfeeding in the Dominican Republic.

In response to this need, USAID/Santo Domingo sponsored a five-person team to enter the LME Program by participating in a lactation management course in 1992. Since 1992 Wellstart has continued to work in the Dominican Republic through its EPB program, as well as through the LME Program and Wellstart Associates. In 1994, EPB hired Dr. Clavel Sanchez, a Wellstart Associate, to serve as Resident Advisor for EPB activities in the Dominican Republic.

### ***Program and Policy***

TOTAL POPULATION, MID-1996: **8.1 MILLION**

INFANT MORTALITY RATE, 1996: **52**

MATERNAL MORTALITY RATE, 1980-92: **...**

TOTAL FERTILITY RATE, 1996: **3.3**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **92**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **10**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: **32**

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: **7**

Sources:  
- The State of the World's Children, UNICEF, 1996.

EPB, in coordination with the Secretariat of Health (SESPAS), UNICEF, PAHO, and USAID/Development Associates, conducted a National Breastfeeding Strategy Workshop for the Dominican Republic in June 1994. Workshop participants elaborated a national, inter-institutional, inter-sectoral plan to promote and support breastfeeding over the following six years. Dr. Sanchez provided follow-up to this plan.

Dr. Sanchez, in coordination with SESPAS, also assisted in writing regulations for the Dominican law to regulate the marketing of breastmilk substitutes, which was passed in November 1994.

Dr. Sanchez presented state-of-the-art information on breastfeeding at the Scientific Advances in Maternal Child Health Meeting in July 1995, which was sponsored by the Family Planning and Health Project.

During an LME follow-up visit in August/September 1995 made by Dr. Wendy Slusser, LME Director of Professional Services, and Dr. Rolando Figueroa, a Wellstart Associate, Wellstart consultants presented state-of-the-art information on breastfeeding at the National Dominican Republic Perinatology Society Meeting to motivate Dominican perinatologists to provide improved support for breastfeeding.

### ***Community Support for Breastfeeding***

EPB assessed current training activities and needs in September 1994 to better develop an appropriate community support strategy for the Dominican Republic. Following this needs assessment, a community training curriculum was adapted for use in the Dominican Republic in February 1995. When materials were finalized, EPB conducted a training-of-trainers workshop in March 1995. Unfortunately, EPB was unable to continue with follow-up assistance, monitoring, and evaluation due to changes in mission priorities.

However, various NGOs including LLL/DR have been using the curriculum to conduct trainings for community-level health and outreach workers.

### ***Pre-service Training and Curriculum Reform***

EPB sent a team to a meeting in Guatemala in November 1994 to present the results of the PAHO, Wellstart, and LAC-HNS regional breastfeeding curriculum review. At the meeting, the Dominican team developed an action plan based on adoption of the Wellstart International Curriculum Guide. Participants, in coordination with Dr. Sanchez, sponsored a curriculum adaptation workshop at the Autonomous University in Santo Domingo. Workshop participants identified breastfeeding technical information which should be added to medical school courses. The document identifying the new breastfeeding information to be covered by various departments in the medical school was officially approved by the technical committee of the University in October 1996.

EPB sponsored a subsequent workshop in which participants identified a training strategy which would enable faculty to gain the knowledge necessary to teach this new breastfeeding content. Workshop participants formed a committee that will continue to address this issue. The committee and the Breastfeeding Commission are currently in negotiations with NGOs to obtain funding to implement the training strategy for the University.

### ***Health Professional Training***

EPB provided extensive support for health professional training in the Dominican Republic. Training activities were carried out in coordination with UNICEF, the Breastfeeding Commission, and the SOH. Activities included:

- < working with the Dominicans to develop a hospital-based training strategy for SESPAS in February 1993;
- < adapting with the Dominicans a Lactation Management Curriculum for use in the Dominican Republic in March 1993, which is now used for training courses at the health professional level;
- < sponsoring entrance of SESPAS Breastfeeding Coordinator Dr. María Toribio in the LME Program by participating in the August/September 1994 lactation management course;
- < providing numerous hospital-level training-of-trainers courses and assessing the quality of breastfeeding services provided in hospitals where the training occurred through Dr. Sanchez;
- < locating funding from The Family Planning and Health Project to translate into Spanish and disseminate EPB's "key breastfeeding messages" cards in July 1995, which can be used as training aids and counseling cards; and,
- < supporting Wellstart LME breastfeeding training workshops in August and September 1995 at Hospital Altagracia (the largest Dominican Maternity Hospital).

### ***LAM Training***

USAID/Santo Domingo is now focusing on family planning as a strategic objective for its work in the Dominican Republic. IRH, through its subcontract with EPB, worked to develop in-country expertise in LAM and optimal breastfeeding. They provided technical assistance in March 1996 for the design of breastfeeding and LAM-related components of the competency-based Promoter Reference Manual currently being developed by the Family Planning and Health Project. EPB then developed and executed a one-week training-of-trainers on LAM, optimal breastfeeding, and family planning in March 1996.



The MOH in Honduras has been a leader in the promotion of breastfeeding for more than a decade. It has developed activities within the health care system (changing hospital practices and training health care service providers), approved major research studies, supported health professional pre-service training curriculum revisions, promoted optimal breastfeeding practices through mass media, and revised national policies related to breastfeeding. Significant events leading to the current breastfeeding program in Honduras include: 1) an analysis of the final evaluation of the Proyecto de Apoyo a la Lactancia Materna (PROALMA) (a joint MOH/USAID health services program in the 1980s); 2) the 1987 national family health surveys; and, 3) an MOH policy dialogue, initiated by a Wellstart Associate, that changed the MOH infant feeding recommendation to six months of exclusive breastfeeding. As a result of this situation analysis, the MOH decided to develop strategies for integrating breastfeeding support services into maternal and child health. To carry out these strategies, the MOH developed a public-private partnership with La Liga de la Lactancia Materna/Honduras (LLL/H), an NGO that had developed a pilot project in integrated community breastfeeding support in low-income and marginal urban and peri-urban communities.

TOTAL POPULATION, MID-1996: **5.6 MILLION**

INFANT MORTALITY RATE, 1996: **50**

MATERNAL MORTALITY RATE, 1980-92: **220**

TOTAL FERTILITY RATE, 1996: **5.2**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **81**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: **11**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: ...

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: ...

Sources:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.  
- The State of the World's Children, UNICEF, 1996.

## Background

A 1981 health survey indicated that in urban Honduras, 74.5% of the women with more than seven years of education who lived in urban areas had breastfed while 91% of those with no education had breastfed, the usual pattern for developing countries.<sup>2</sup> LLL/H, the MOH, and the Honduras Social Security Institute (IHSS) have collaborated on breastfeeding promotion in San Pedro Sula for many years both through the PROALMA project and afterwards. Information from a 1994 San Pedro Sula municipal survey suggests that this collaboration has led to a reversal of the historical trend towards less breastfeeding by women with higher education. The survey indicated that 93% of the women with more than seven years of education had breastfed, while only 83% of the women with no education had ever breastfed.<sup>3</sup> This finding also suggests that the strengthening of support for breastfeeding in urban marginal and rural areas should rightly be a priority for the MOH.

<sup>2</sup>Suazo, M. Aplicano, R. et al. 1981. *Honduras Encuesta Nacional de Prevalencia del Uso de Anticonceptivos*, Ministerio de Salud Publica, Tegucigalpa, Honduras.

<sup>3</sup>Dirección de Investigación y Estadística Municipal de San Pedro Sula, 1994, *Encuesta de Población e Indicadores Socio-económicos*, San Pedro Sula, Honduras.

At the request of the MOH in April 1992, EPB assisted the MOH and LLL/H in writing a proposal for the “Development of the Breastfeeding Component in Maternal and Child Health.” In 1992, as a result of the proposal, multi-year agreements were made between the MOH, LLL/H, USAID, UNICEF and the World Bank to implement a component to incorporate breastfeeding into integrated maternal and child health care. The specific objectives of the overall program were to:

- 1) Establish breastfeeding training centers in the two national Hospitals, in which health personnel and students would receive the necessary training in clinical management of breastfeeding and the hospital routines necessary for its support.
- 2) Prepare and implement a breastfeeding training plan with a strong practical methodology and community participation in two health regions, including new hospitals, all health care levels, and the NGOs/PVOs in 50% of the health regions of the country.
- 3) Create a Breastfeeding Documentation to help train and update of health personnel and offer practical information to mothers and the general public.
- 4) Support and promote the formation of a national network of breastfeeding counselors to carry out and support community-based actions.
- 5) Integrate and operationalize an inter-institutional working group to facilitate the structuring of policies and their legal framework.
- 6) Support and monitor the application of such laws and policies.
- 7) Document the process and experiences of the development of the breastfeeding component at the community level for use as a monitoring instrument.
- 8) Introduce breastfeeding modules into the Faculty of Medical Sciences (FMS) to achieve coherence between the use of health resources and the needs of the maternal and child population.

This proposal was presented to donor agencies, and multiple donors were found to fund various components. However, it took almost a year for the funding mechanisms to be put into place. As a result of this funding hold-up, the MOH and LLL/H approached EPB to provide not only technical assistance to the entire process but also provide funding for LLL/H to begin to work. EPB responded positively to the request and established Honduras as one of its long-term countries. Principle reasons for this decision included the facts that:

- < the MOH was interested in “integrated” services and focused on a multi-sectorial, multi-level approach, not just on Baby-Friendly Hospitals;
- < the MOH was interested in modifying curricula and pre-service training for long-term sustainability; and,
- < the MOH had a partnership with a private sector organization, LLL/H, that offered the possibility of developing a model for public/private sector coordination.

Wellstart agreed to support LLL/H with the understanding that USAID/Honduras, UNICEF, and the World Bank would give continued support to LLL/H as a private sector resource for the MOH. This was one of the strategies for leveraging additional funds in country to support the entire range of breastfeeding activities.

The MOH and EPB drew up a Document of Understanding (DOU) for technical assistance in 1993. The DOU emphasized the strengthening of the breastfeeding component of the Secretariat of Health (SOH). The DOU was signed in December 1993. This document outlines a four-pronged strategy for breastfeeding promotion with EPB technical assistance in: 1) training; 2) community-based mother-to-mother support; 3) institutional strengthening; and, 4) technical support to training of TBAs.

EPB's initial interest in supporting the development of the new phase of work in Honduras arose from the need to address issues of supervision, monitoring, and evaluation within the time frame of a comprehensive MOH program. EPB felt that it was important to work with a country that had been involved in the process of change over time, had a well-documented history that could be analyzed, and where public and private sector coordination had been established.

### ***Objectives of EPB's Breastfeeding Promotion Country Program for Honduras***

EPB established the following objectives for its work in Honduras:

- < Improve infant feeding practices at the community level through development of a network of community counselors;
- < Improve central-level technical support services offered by the MOH and develop in-service as well as pre-service competencies of health providers;
- < Implement a process for achieving community-level sustainability in breastfeeding promotion; and,
- < Develop a sustainable system for monitoring and evaluating process and impact in breastfeeding support and services.

To date, the MOH and LLL/H, with help from the IHSS, technical support from Wellstart and The Population Council, and financial support from USAID, EPB, UNICEF, the World Bank, PAHO, and SECPLAN, have achieved the following results:

### ***Development of a Network of Community Counselors***

*(Local costs funded by USAID and UNICEF; EPB gave initial funding and gave technical assistance on training, communications, institutional strengthening, monitoring and evaluation.)*

Results to date include:

- 1) Development, field-testing, and implementation of a practical and participative community-based training curriculum to train primary health care and community personnel in integrated health education and support with emphasis on breastfeeding and appropriate infant and maternal nutrition.
- 2) Adaptation of the curriculum as a generic curriculum after a review in 1996. It now includes a sharper focus on complementary feeding, methodologies for counseling and support group facilitation, and the process of carrying out a community assessment so that monitoring information on coverage and outcomes will be provided.
- 3) Development of a system of supportive supervision now being field tested.
- 4) Creation of a community-based network of volunteer counselors with 714 volunteers trained nationally between 1993 and July 1996.

### ***Central-level Technical Support Services and Competencies of Health Providers (In-service and Pre-service)***

*(LAC-HNS supported pre-testing of quality assurance instrument for hospital services; EPB provided technical assistance and the cost of selected activities supporting in-service training and partially supporting pre-service technical assistance; World Bank supported costs of many of the activities.)*

Results to date include:

- 1) Two national breastfeeding training centers established that have carried out courses reaching health professionals between May 1995 and June 1996.
- 2) Health personnel at all levels trained in the following health regions: Metropolitan, Region 3, part of Region 2, IHSS, Hospital Escuela, and Mario C. Rivas Hospital, as well as professors and students of the FMS.
- 3) Core teams trained from *all* 29 public hospitals in the country with theoretical-practical BFHI courses.
- 4) Review and incorporation of breastfeeding, nutrition, and micronutrient contents into the curricula being taught at the pre-service level at the FMS. The political decision to enter into this process was made by unanimous vote of the Board of Directors of the FMS.
- 5) Review and updating of the postgraduate Medical Curricula of the National Autonomous University covering the following specialties: Pediatrics, Obstetrics, Gynecology, Surgery, Internal Medicine, Public Health and Psychiatry.
- 6) An agreement signed between the principal employer of health providers (MOH) and the principal provider of these resources (National Autonomous University) to cooperate and achieve integration of the teaching and practical aspects of their separate work.
- 7) MOH and LLL/H skills in integrated planning and strategic administration were developed with EPB assistance.
- 8) Nurseries were organized for the infants of employees of the Mario C. Rivas Hospital.
- 9) A shelter for the parents of hospitalized infants and children was developed by the Hospital de Occidente in Sta. Rosa de Copan. Plans have been made for similar shelters in other health institutions.

### ***Community-level Sustainability in Breastfeeding Promotion***

EPB concentrated on strategies to develop programmatic sustainability. Results to date include:

- 1) Language protective of breastfeeding was incorporated into the Children's Code of Protection and approved by the National Congress in June 1996.
- 2) EPB supported research that gives information on knowledge, attitudes, and practices of women in two health areas to provide a baseline for testing the community level intervention. Additionally, EPB funded an investigation of the growth of the low birthweight exclusively breastfed baby. With the information from these studies, LLL/H and Wellstart have been coordinating with the MOH and UNICEF to enrich the National Plan of Communications which is presently under review.

- 3) EPB staff and consultants assisted the MOH and LLL/H in developing counseling and facilitation training skills of MOH personnel who will be following up on community-level training as LLL/H phases out of this activity.
- 4) A policy decision was taken to develop a national breastfeeding coordinating entity by the MOH. Organization of this entity and development of a plan of action is ongoing.
- 5) Closer coordination has been facilitated between the MOH and international technical cooperation agencies in response to needs defined by the country.
- 6) LLL/H has been supported in its own institutional development, enabling USAID and the MOH to use the organization for local technical assistance in breastfeeding. In 1996, LLL/H assisted the Department of Nutrition in developing a draft curriculum on complementary feeding.
- 7) MOH and BASICS were assisted in a review of their strategy for developing the Integrated Child Care program.

### ***Monitoring and Evaluating Process and Impact***

*(EPB core funds supported this component.)*

Results to date include:

- 1) In conjunction with the LAC/HNS project, an innovative system of monitoring of the quality of care in breastfeeding and family planning, called Direct Monitoring of Care in Breastfeeding (MADLAC), was developed, field tested, and implemented. This system permits hospital teams to collect information quickly and at low cost that will allow them to take actions to improve and/or maintain compliance with UNICEF's *Ten Steps for Successful Breastfeeding*. The MADLAC system is being institutionalized in all hospitals in the country.
- 2) Process and impact indicators were incorporated into the health information system. MOH is including breastfeeding indicators in its new Integrated Women's and Child Care data collection instruments, but not yet into its community diagnostics.
- 3) Clinical forms are now used to collect information on infant feeding by the Department of Internal Medicine of the Hospital Escuela and the maternity wards of the Mario C. Rivas Hospital.

### ***Future Activities***

Many of these activities are in the initial stage of consolidation or institutionalization. Because of the scale and complexity of the Honduras breastfeeding promotion program, technical and financial support is still required that will guarantee that the process is totally implemented and institutionalized in the short or medium term.

In thinking about future activities, it is important to keep in mind that in the area to be evaluated to date (July 1996), 236 counselors have been accredited in nine UPS and five barrios of the city of El Progreso have counselors. There have been only four trainers/supervisors from LLL/H available to work with local health center staff on training and supervising counselors due to limited funding. During the first six month period,

on average each trainer was able to train 34 counselors. Another 321 counselors need to be trained to finish training and implement activities by the end of the year to meet established goals. This is difficult because new USAID funding does not cover the El Progreso area. Because it is more difficult to organize communities in urban areas and El Progreso has not yet been covered it appears that it may not be feasible to meet the goals until 1997. Thus the final evaluation may need to be delayed until 1998.

Wellstart International and LLL/H have considered that this process is so important for the country that they have utilized their own funds as bridges to avoid the lack of continuity of programmed activities. Although the results have been impressive, changes in support for breastfeeding imply much wider changes in the entire health system. To be completely institutionalized and sustainable, some additional concerted efforts should be considered.

Finally, Honduras, although a small country, has had a continuing impact on the rapidly evolving programmatic issues related to integrating breastfeeding into maternal child health care and development efforts. As programmatic efforts go, the Honduras country model has been documented to a much greater degree than is true in many countries; the hospital model developed during the 1980s was “state of the art” during that period; the community model developed during the early 1990s continues to provide us with a living laboratory on how to change attitudes, knowledge, and practices on the community level and the process through which community organizations develop and become sustainable, as well as how to integrate breastfeeding support, protection, and promotion into larger development and health programs. A model of counseling and support group facilitation that leans heavily on the experiences of Honduras has been evolving. A community breastfeeding training curriculum, the concerns about planning and administration of breastfeeding components of community-based programs, and the process of curriculum reform documented here are already being used by several countries and organizations, and, with the dissemination of EPB documents, will provide information and lessons learned for an even greater number of countries.

There are challenges ahead for the country as it continues to develop public-private alliances for the health of future generations of Hondurans: how to reconcile some of the disparate community-based volunteer models that have been developed; how to assure that the process of sustainable development that is underway incorporates the support for breastfeeding that is needed; and, how to assure that the opportunities for work in maquilas that have opened up for Honduran women do not become the source of neglect of Honduras’ children. However, if the government of Honduras continues its policy of strategic alliances with private sector organizations, such as LLL/H and others who have concern for Honduras’ children, together, with support from international donor organizations, they will develop the necessary strategies to face these challenges as they move into the next century.

### ***Documents Available on EPB Activities in Honduras***

- < Infant Health and Feeding Practices in El Progreso and Puerto Cortés, Honduras: Baseline Survey 1995 to Evaluate Community-Based Breastfeeding Promotion Activities
- < National Breastfeeding Counselors Network (Joint Program of the Ministry of Health of Honduras and La Liga de la Lactancia Materna de Honduras): A Case Study
- < Alliance for Life: Integration of the Promotion, Protection, and Support of Breastfeeding into Integrated Maternal and Child Health Care in Honduras (Country Close-out Report)

The Mexican government has actively protected and promoted breastfeeding over the last several years. In 1991 an accord was developed prohibiting distribution of free or reduced-cost formula to all public and private health facilities. The establishment of the National Commission for the Promotion of Breastfeeding, introduction of the National BFHI, and an agreement with the formula companies in 1991 initiated activities at the national level. Mexico is also one of the twelve lead countries of the UNICEF/WHO BFHI. In 1992 the National Breastfeeding Center (CENLAM) located at the Hospital General de Mexico in Mexico City was inaugurated. By 1994 the Center was assisted in its activities by five subcenters, each of which serves a number of states.

Wellstart International began to work in Mexico in 1988 when the first group of health care professionals entered the LME Program by attending the lactation management education course in San Diego. To date a total of 38 Wellstart Associates from Mexico City and several states throughout the country are participating in the LME Program, many of whom have been quite active in breastfeeding promotion in Mexico and Central America.

TOTAL POPULATION, MID-1996: **94.8 MILLION**

INFANT MORTALITY RATE, 1996: **34**

MATERNAL MORTALITY RATE, 1980-92: **110**

TOTAL FERTILITY RATE, 1996: **3.1**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **77**

% EXCLUSIVELY BREASTFEEDING

AT 0-3 MOS, 1986-94: **37**

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: **36**

% STILL BREASTFEEDING

AT 20-23 MOS, 1986-94: **21**

Sources:

- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.
- The State of the World's Children, UNICEF, 1996.

In April 1992 the Secretariat of Health (SOH) requested technical and financial support from EPB, including partial funding for CENLAM. A Document of Understanding was developed with the SOH for EPB assistance for selected breastfeeding activities. In addition to the assistance provided to the SOH's breastfeeding program, EPB supported other institutions in the Mexican health care system that are working in breastfeeding promotion.

The majority of EPB's support to breastfeeding promotion in Mexico was coordinated through the regional Population Council office located in Mexico City. EPB worked through the Population Council because of its established presence in Mexico and its historical advocacy and support for breastfeeding in Latin America. The Population Council provided both technical and administrative support to EPB-funded activities, which included projects with the SOH's Directorate General of Maternal and Child Health (DGAMI), the Mexican Institute of Social Security (IMSS), CENLAM, La Leche League/Mexico (LLL/M), and two research projects. An additional research project was administered directly by EPB. EPB's support to these institutions reached from hospital-based breastfeeding programs to primary health care, working women, and community outreach.

## Program and Policy Development

The Population Council/Mexico was instrumental in creating a critical mass of Wellstart Associates in Mexico by orchestrating a coalition of funders to enter a team of fifteen health care providers into the LME

Program. In collaboration with Wellstart International, the Population Council also helped to arrange the first Latin American congress for Wellstart Associates held in Oaxaca in March 1992. As an honorary member of the National Breastfeeding Commission, the Population Council continues to liaise with the Mexican government, international organizations, and local institutions working in breastfeeding promotion and research to coordinate support for breastfeeding activities in Mexico.

Through the Population Council Wellstart International provided support to the SOH's DGAMI for the First International Conference on the Baby and Mother-Friendly Hospital Initiative in October 1994. This was the first conference of its kind and its aim was to exchange experiences and strategies for improving hospital practices and implementing BFHI practices. Representatives from African, Asian, and Latin American institutions participated in the conference.

## ***Training***

In 1992 EPB provided technical assistance to the SOH and UNICEF to develop a competency-based curriculum for training health personnel in breastfeeding promotion and lactation management. The SOH and UNICEF have generously agreed to allow the MOHs in Honduras and the Dominican Republic to adapt its curriculum for use in their countries.

A training-of-trainers course was conducted in December 1992 in the use of the SOH's curriculum and on effective training techniques. A total of fifteen trainers from DGAMI and CENLAM attended the workshop. Since the workshop, a number of trainers have replicated the TOT in Mexico and Cuba.

The capabilities of several Wellstart Associates continue to be strengthened as teachers, leaders, and consultants. For example, Dr. Antonieta Hernández from CENLAM, a Wellstart Fellow, is frequently invited to lecture at LME courses in San Diego and several Wellstart Associates, including Dr. Hernández, have been used as expert consultants for EPB and LME program activities throughout Central America.

As a result of the 1994 elections and a consequent diminished government focus on breastfeeding, EPB provided funding directly to CENLAM during the transition from the previous to the current administration. CENLAM initiated a prospective study of the impact of training health care professionals from an urban community primary health care center that receives pre- and postpartum women. EPB's support enabled CENLAM to continue breastfeeding training activities through the change in government.

Wellstart International continued to work with CENLAM to strengthen its capabilities to serve as a regional resource for training and technical expertise. Representatives from CENLAM participated in several activities related to development of CENLAM as a Wellstart International affiliate center, including participation in the LAC Institutional Strengthening Initiative.

## ***Monitoring***

EPB provided support for the design of a program to monitor the effectiveness of Baby-Friendly Hospital Training including the creation of tools and sustainable skills to effectively monitor the BFHI in Mexico. Representatives from DGAMI were trained how to use the tools developed to monitor BFHI training and hospital certification.

The Population Council provided technical assistance to CENLAM, IMSS, and LLL/M to ensure that monitoring and evaluation were incorporated into the design of all training projects.

The Population Council and Wellstart provided support to CENLAM's study to assess the effect of training primary health care personnel and volunteer health promoters on breastfeeding promotion and lactation management. This led to replication in regional training centers.

### ***Working Women***

EPB supported a demonstration project with IMSS to assess the effect of an intensive training program with care givers from selected IMSS daycare centers and policy makers on breastfeeding promotion. As part of this project IMSS implemented a training program for caregivers on breastfeeding management within the IMSS daycare site and administration in 48 daycare centers (38 in the Valley of Mexico and ten in Veracruz). These caregivers counseled mothers on exclusive breastfeeding and the management of basic breastfeeding problems with the objective of encouraging working mothers to continue breastfeeding optimally. The training program was evaluated in terms of duration and exclusivity of breastfeeding, child health, mother absence from work, sustainability, and the development of more favorable norms for the daycare centers system-wide.

While results of the project did not demonstrate a significant change in child health or incidence of mother absences from work, it did contribute to the decision at the central level of IMSS to include daycare centers in the breastfeeding initiative in Mexico. Additionally, the Population Council and IMSS are developing a training manual, which will contain support materials on working women and breastfeeding. This manual will serve as a prototype to be adapted for use in other countries.

### ***Outreach***

In support of community outreach, EPB funded two demonstration projects with LLL/M. These projects assessed ways to integrate community-based mother-to-mother support within the primary health care setting. As a result of these projects, eight mother-to-mother support groups were formed, six in the community and two in a primary health care clinic. Additionally, a system was developed for referring pregnant lactating mothers to the community support groups and for community leaders to refer women with clinical breastfeeding problems to a support leader in a clinic. EPB also provided technical and financial support for a Training of Group Facilitators Workshop to explore ways to effectively galvanize community support.

The Population Council provided technical oversight to LLL/M's community-level demonstration project, which built on lessons learned from the first project. The projects achieved their three objectives: 1) to train community leaders, volunteers, and "monitoras" from a given health clinic's surrounding community; 2) to establish mother-to-mother support groups led by these trainees; and, 3) to measure referrals from the health clinic to support groups and vice versa. There are two strong support groups still functioning, one at an IMSS clinic and the other at a community center. The formation of additional groups is a definite goal.

### ***Research***

EPB funded three research projects in Mexico on program impact and working women through its competitive grants program. Two of the research projects (Principal Investigators Dr. Ana Langer and Sara Elena Perez-Gil) were supported through the Population Council. Principal Investigator Dr. Ardythe Morrow's project was funded directly from the EPB office. (Refer to the Applied Research section for further details.)



A 1993 national family health survey from Nicaragua found the breastfeeding initiation rate to be 92% and the median duration of breastfeeding to be 12.3 months. However, while 92% of newborns initiate breastfeeding, only 13.5% of infants zero to two months of age breastfeed exclusively. With an infant mortality rate of 49 per thousand and with 22% of infants zero to five months of age experiencing diarrhea during the preceding two weeks, improvement in infant feeding practices is vital for improved child survival.

## Assessment and LME Training

In 1994 EPB began working with Nicaraguan counterparts to conduct a national breastfeeding assessment and to develop recommendations for action to improve infant feeding practices. This assessment identified a variety of breastfeeding programmatic needs. In response to a need identified by the assessment for professionals trained in lactation management, a team of Nicaraguans entered the Wellstart LME Program and participated in the lactation management course in San Diego in 1994. Support for this seven-person team came from USAID/Managua, EPB, and LME. Following the LME course, EPB sponsored an Assessment Debriefing and Planning Workshop to raise awareness of the current infant feeding situation and to plan for future breastfeeding activities in Nicaragua. Also in 1994, EPB sponsored a workshop on breastfeeding mother-to-mother-support, which was attended by a number of NGOs currently working in Nicaragua at the community level.

In FY'95, USAID/Managua allocated \$300,000 to EPB and its subcontractors to support expanded breastfeeding activities in Nicaragua. The mission identified several priority areas for EPB:

- < Social Marketing
- < Mother Support
- < Mother/Baby-Friendly Health Center Initiative
- < Lactation Management Education

Although fifteen months and \$300,000 would allow Wellstart to carry out significant activities to improve infant feeding practices, neither the time nor the level of funding was sufficient to fully implement a comprehensive national-level strategy to promote breastfeeding. Instead EPB and The Manoff Group began by implementing communication and training components of a comprehensive strategy. Also some mother support was to be carried out in coordination with NGOs supported by the Development Associates PVO Co-Financing Project.

Because of the number and complexity of activities planned for a relatively short time, USAID identified a Mission employee, Dra. Maria Alejandra Bosche, to serve as breastfeeding project coordinator. The

TOTAL POPULATION, MID-1996: **4.6 MILLION**

INFANT MORTALITY RATE, 1996: **49**

MATERNAL MORTALITY RATE, 1980-92: ...

TOTAL FERTILITY RATE, 1996: **4.6**

% BIRTHS ATTENDED BY TRAINED HEALTH PROFESSIONAL, 1983-94: **73**

% EXCLUSIVELY BREASTFEEDING AT 0-3 MOS, 1986-94: ...

% BREASTFEEDING WITH COMPLEMENTARY FOOD AT 6-9 MOS, 1986-94: ...

% STILL BREASTFEEDING AT 20-23 MOS, 1986-94: ...

Sources:  
- 1996 World Population Data Sheet, Population Reference Bureau, June 1996.

coordinator worked closely with the staff of the Division of Nutrition, as well as with the Training and IEC Advisor for MSH.

## **Social Marketing**

Following the principles of social marketing, expanded activities began with qualitative research to better understand Nicaraguan women's attitudes and beliefs toward breastfeeding and what they perceive to be the barriers to optimal breastfeeding. From June through September, focus groups, household behavioral trials, and observations of maternal-child educational activities in health centers were carried out. Mothers, fathers, grandmothers, and health workers from Managua and Matagalpa participated in the research to provide the information necessary to effectively promote the improvement of breastfeeding practices, particularly exclusive breastfeeding. This qualitative information was used to formulate the breastfeeding communications strategy.

The research results indicated that among mothers, a positive culture exists toward breastfeeding, but it does not include the concept of *exclusive* breastfeeding. In the city, and to a lesser degree in the rural areas, a positive culture toward bottles and other liquids coexists. Food is introduced early, motivated by the belief that it is good for the child and protects the mother. Mothers do not understand how to increase their milk supply, and thus perceive that their own poor diet is a barrier to exclusive breastfeeding.

Given this, the communications strategy focused on the key messages of: *exclusive* breastfeeding for six months; almost all women have enough milk to breastfeed exclusively; and, the more you breastfeed your baby, the more milk you will have.

Media and materials included the following:

- < Radio spots in dialogue form;
- < Cassettes with recorded dramas;
- < Two television spots (production paid for by UNICEF, air time paid by EPB);
- < A video to motivate mothers to breastfeed optimally;
- < A video to instruct mothers how to manually express their milk;
- < Counseling aids for health workers and community workers;
- < Simple reference materials for health workers and community groups;
- < A video for motivating hospital workers to participate in the BFHI;
- < Informational packets for the media;
- < Informational packets for private physicians; and,
- < Brochures summarizing key messages.

The television and radio spots were aired nationally. Due to time and resource constraints, in-service training on technical aspects of breastfeeding, counseling skills, and use of print media was concentrated in two local health system areas (Managua and Matagalpa). These areas include roughly 50% of the population. Activities can be expanded to include other local health areas if other organizations wish to continue breastfeeding promotion activities in the future. It is already anticipated that UNICEF, a co-supporter of this program, will disseminate the materials and train health workers in its target local health regions of the country.

## **Training**

Training in the two target local health systems (SILAIS) was designed to reinforce and expand on home-based behavioral messages heard through media. Health providers were expected to provide breastfeeding support services as well as echo and reinforce media messages. Health worker training was focused on breastfeeding management, as well as on how to use the counseling materials.

Two-day training courses were first carried out for training teams from health centers in the target regions (Managua and Matagalpa). Training teams consisted of the health center trainer, the head of nursing, and, in some cases, the director of the health center. These initial trainings were conducted by the MOH Breastfeeding Coordinator and the UNICEF Breastfeeding Coordinator (both are Wellstart Associates). Health center training teams were then responsible for conducting a two-day training for the staff from their health center.

MOH staff monitored health centers to confirm that second level trainings took place as scheduled. For those health centers which did not carry out their scheduled trainings, MOH Nutrition staff provided extra technical assistance and co-facilitated training workshops to ensure that all health workers in the target area were trained. By October, 1996, all health centers in the target area had conducted a breastfeeding and materials usage training. The MOH estimates that 160 training instructors (80 in Managua, 80 in Matagalpa) and approximately 960 clinic workers (doctors, nurses, auxiliaries) were trained. Approximately 760 of these clinic workers were from Managua and approximately 200 were from Matagalpa.

Financial and logistical support for trainings came from MSH, the MOH, and EPB. Communications materials and additional training materials were provided by EPB.

Additional technical support for training was also provided to the MOH at the central level, to strengthen its ability to carry out breastfeeding training in the future. This technical assistance had two objectives: 1) integrate breastfeeding messages and support into the MOH's other maternal and child health interventions; and, 2) develop a breastfeeding training module that the Ministry could use to train health workers in breastfeeding and lactation management in the future.

It should be noted that additional health professional training took place through the LME program. In February 1996, a six person team entered the LME Program and took the Spanish-language lactation management course in San Diego. This team consisted primarily of health professionals from pre-service institutions (medical, nutrition, and nursing schools). In the upcoming year, USAID/Nicaragua and LME expect to provide follow-up to these participants to support the process of breastfeeding curriculum reform at the pre-service level.

### ***Monitoring Social Marketing and Training Activities***

EPB conducted a brief monitoring study to assess implementation of social marketing and training activities to date. The monitoring study was designed to monitor how well the communications plan had been implemented and was achieving its objectives; to monitor diffusion of the messages; to monitor exposure, comprehension, reaction, and actions mothers say they have taken based on the messages; and, to provide information useful in making decisions regarding revision/expansion of communications plan and IEC messages by other organizations who plan to continue activities (MOH, UNICEF).

Approximately 100 mothers of infants less than six months of age from target health regions were interviewed to determine level of exposure to TV and radio, recall of messages, and response to messages. Approximately 100 mothers of infants less than six months of age attending health centers in target areas were interviewed to determine level of exposure, recall and response to inter-personal messages heard from

the health centers, as well as mass media messages. Approximately 64 health workers (doctors, nurses, and auxiliaries) from health centers in target regions were interviewed to assess training coverage, recall of information covered in training, use of breastfeeding materials with patients, opinion of materials, etc.

Results of the monitoring study will be available in the near future.

### ***Community Outreach***

Community outreach activities should extend support and services provided by the health system into the community. With the little remaining additional time and funds in 1996, EPB worked to strengthen breastfeeding support among the NGOs supported by the Development Associates PVO Co-financing Project. Periodic technical assistance was provided to Project Hope to develop and implement a program plan for breastfeeding mother support. (Lessons learned from this assistance helped EPB refine its *Community-based Breastfeeding Support: A Planning Manual*). Following EPB's focused work with Project Hope, Development Associates and EPB organized a workshop on breastfeeding community outreach and support groups the other NGOs supported by Development Associates. This workshop addressed breastfeeding support group function, formation, and facilitation.

Several of these NGOs, along with others not supported by Development Associates, have requested copies of the interpersonal communications materials developed by EPB and the MOH. The MOH is distributing materials to these NGOs along with training for the NGO staff.

### ***Outreach to Private Physicians***

The breastfeeding qualitative research in Nicaragua indicated that "[i]n general mothers repeat the advice they have been given from health services. The advice is general and refers to the benefits of breastfeeding." The research report goes on to recommend that "messages and support that health services provide should go further than enumerating the benefits of breastfeeding. Mothers need to know how to breastfeed, not just that exclusive breastfeeding is best."

To respond to this recommendation, training was provided to MOH staff in the target health regions. (See previous sections.) However, while the MOH provides much of the health services in Nicaragua, services are also provided by private physicians.

As part of the communication strategy, a team of fifteen trained visitors composed of MOH personnel, Wellstart Associates, and in-country breastfeeding experts visited the offices of 175 private pediatricians to disseminate up-to-date information on breastfeeding, educate pediatricians on their role as breastfeeding supporters, and persuade them to be more active proponents of optimal infant feeding.

These visits generated requests from many private pediatricians for additional follow-up information. In an effort to respond to the request for follow-up, the MOH, the Nicaraguan Pediatric Society, and EPB organized a meeting for the members of the Nicaraguan Pediatric Society. Invitations were broadcast via radio to ensure access to hard-to-reach private practitioners. One hundred and twenty pediatricians from Managua as well as from other areas including Matagalpa and Leon attended the workshop. Technical presentations were made and materials were distributed. The workshop presentations addressed the specific breastfeeding issues that pediatricians had identified as important during the private visits, including breastfeeding and common medicines, breastfeeding and HIV, immunology, etc.

EPB also funded a technical expert to carry out visits to medical, nursing, and nutrition schools to discuss their process of pre-service curriculum reform in the area of breastfeeding. Wellstart LME will support pre-service curriculum reform activities in the future with LME field support funds.

### ***Building Partnerships***

To build in-country skills and ensure sustainability, Wellstart collaborated with local organizations and individuals interested in promoting breastfeeding. The national MOH breastfeeding coordinator, the Nutrition and Public Relations offices of the MOH, UNICEF, MSH, and Development Associates NGOs all actively participated in activities. Work with the MOH provided an opportunity for skills building not only in breastfeeding, but also in qualitative research, materials development, and training and outreach skills. Since a strong base for a national country program was laid, EPB has worked to ensure successful transfer of these activities to appropriate partner organizations in-country and to Wellstart LME.

### ***Documents Available on EPB Activities in Nicaragua***

- < Breastfeeding in Nicaragua: Assessment of Practices and Promotion
- < Attitudes, Values, and Beliefs of Mothers, Grandmothers, and Fathers Toward Breastfeeding in Managua and Rural Areas of Matagalpa (Spanish only)



## ***Plan for Integrated Actions in Latin America and the Caribbean (PRAIL)***

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As part of its focus on developing sustainable activities in breastfeeding in different regions of the world and as a WHO Collaborating Center activity, Wellstart International, primarily with EPB funding, coordinated with the Pan-American Health Organization (PAHO) to develop and implement a strategic plan to integrate and institutionalize breastfeeding into PAHO's health system of technical cooperation and with UNICEF to coordinate regional and country activities.

A draft strategic plan entitled *Regional Plan of Integrated Actions in the Promotion, Protection, and Support of Breastfeeding in Latin America and the Caribbean (PRAIL-LAC): Strategic Guidelines* was developed in September 1993. This plan presents a matrix within which coordinated, integrated national or local plans may be developed. The seven strategic lines of action in the matrix are: promotion, protection, support, coordination, information, education, and research. Evaluation and monitoring are built into the development of the plan/program. In addition, several action areas are identified:

- < training (clinical, managerial, university, and community);
- < policy formulation;
- < special needs of breastfeeding working women;
- < strengthening health systems and services, particularly maternal and child health and family planning;
- < ratification and implementation of the *International Code of Marketing of Breast-milk Substitutes*;
- < community support systems; and,
- < integration of breastfeeding into reproductive health/family planning, child survival, and complementary feeding programs.

### ***PRAIL Model for Technical Assistance***

Traditional approach focuses on:	PRAIL focuses on:
<ul style="list-style-type: none"> <li>-Product</li> <li>-Permanent technical assistance</li> <li>-Overseas training</li> <li>-Repeated in-service training</li> <li>-Total donor support</li> <li>-Assigned participation</li> <li>-Hierarchical information management</li> <li>-Data collection to satisfy donor requirements</li> </ul>	<ul style="list-style-type: none"> <li>-Process</li> <li>-Intermittent technical assistance for developing national capacities</li> <li>-On-site training</li> <li>-Curriculum reform to integrate breastfeeding in pre-service formation at all levels</li> <li>-Mobilization of resources and optimization of use of available resources; donors only relieve key institutional constraints;</li> <li>-Self-selected participation (interest and commitment)</li> <li>-Information sharing; networking; use of electronic mail</li> <li>-Data collection for analysis and decision making/planning</li> </ul>

SOURCE: Bender, William H. "Building Human Capacity to Combat Hunger: What must be done." Hunger Research Briefing and Exchange Brown University, April 1995.

The plan included several phases. The first phase focused on the need for integrating breastfeeding into PAHO's work in-country and on coordinated national action plans. PAHO and EPB jointly agreed to support a field coordinator at the Latin American Perinatology Center (CLAP) to coordinate and oversee field activities. This coordinator, sitting in CLAP and assisted by a technical advisor, worked between March 1994 and July 1995.

The second phase is still ongoing in Argentina, Bolivia, Uruguay, and Venezuela. This part of the PRAIL initiative is working toward the institutionalization of integrated multi-sectoral strategic programming and planning within these countries. The PRAIL initiative then hopes to pass responsibility for follow up to this activity to the country.

PRAIL-related activities were undertaken in the areas of program and policy development, community support, institutional strengthening, and training. The following list of activities carried out within the framework of the PRAIL initiative suggest that using strategic planning offers productive and cost-effective models for the formulation and implementation of local, national, and regional breastfeeding programs, plans, and policies.

### ***Program and Policy Development***

Using the PRAIL strategic framework, program and policy development took place in four areas: 1) advocacy for breastfeeding in the LAC and other regions; 2) creation of strategic models and guidelines; 3) implementation of the strategic planning focus and the guidelines; and, 4) technical assistance for the development of plans and programs.

#### ***1) Advocacy for Breastfeeding in the LAC Region***

- < Advocacy leading to the inclusion of breastfeeding into PAHO's Strategic Orientations: 1995-98.
- < Advocacy leading to the declaration of the Health Commission of the Latin American Parliament that the Permanent Health Commission would follow-up on the topic of infant nutrition and its presence in legislation in countries (December 1994).
- < Advocacy leading to the declaration of the Central American Health Ministers on breastfeeding at the Regional Meeting of Ministers of Health of Central America (RESSCA) in Managua, September 1994.
- < Advocacy for the designation of a UNICEF Latin American breastfeeding focal point, who was a part of the field advisory team.
- < Stimulated the designation of a Latin American breastfeeding focal point by GTZ, the German Overseas Development Agency.
- < Negotiated a small grant with SCIAF, the Scottish Relief Agency, to continue to give follow-up via e-mail and a home page on the Internet.

- < Distributed WABA action folder and press releases on World Breastfeeding Week to all countries of the region.
- < Strengthened regional advocacy role in lobbying for inclusion of breastfeeding in the Action Plans of the International Conference on Nutrition (ICN) in 1993, the International Conference on Population and Development (ICPD) in 1994, the World Summit for Social Development (WSSD) in 1995, and the Fourth World Conference on Women (FWCW) in 1995.
- < Strengthened regional capacity in lobbying leading to stronger resolutions on breastfeeding at the World Health Assemblies in 1994 and 1996.

## **2) *Creation of Strategic Models and Guidelines***

- < Adaptation of the Code Monitoring Manuals and Forms for Latin America.
- < Adaptation for Latin America of a Model Law for legislation of national codes of marketing of breastmilk substitutes.
- < Development of *Strategic Guidelines for Promotion, Protection, and Support of Breastfeeding* (August 1993—February 1994). Incorporated into technical manuals for health workers by Chile and Argentina.
- < Presentation of Strategic Guidelines and PRAIL initiative at a Central American Workshop on National Breastfeeding Commissions (April 1994), *Cost Effectiveness of Breastfeeding Promotion through Hospital Promotion*, (July 1994, Santos, Brazil), Two Regional Conferences in Preparation for the FWCW [IBD (April 1994) and Mar de Plata (September 1994)].
- < Sharing of the Strategic Guidelines with a wide variety of organizations both within and outside of the LAC region (UNICEF, WHO, etc.).

## **3) *Implementation of the Strategic Planning Focus and Use of the Guidelines***

- < Initiation of a coordinated multi-agency process of strategic planning for breastfeeding promotion, protection, and support that is ongoing in Argentina (August 1994), Paraguay (August 1994) and Brazil (October 1994).
- < Use of the strategic guidelines in national and community planning workshops in the Dominican Republic, Nicaragua, Bolivia, Peru, Venezuela, and Honduras.

## **4) *Technical Assistance for the Development of Plans and Programs***

- < Participation in a technical advisory group meeting at PAHO where the first plan of action was agreed upon and subsequently implemented during 1994-95 (February 1994).

- < Provided technical assistance and used the PRAIL Strategic Guidelines format to develop a national breastfeeding plan in the Dominican Republic (June 1994).
- < Provided technical assistance in development of national codes for the marketing of breastmilk substitutes in Ecuador (May 1994), the Dominican Republic (June 1994), Honduras (August 1994), El Salvador (August 1994), Paraguay, Peru, and Panama (November 1994).
- < Technical assistance and use of the *Strategic Guidelines* to develop a national plan in Venezuela and reformulate the National Breastfeeding Commission with support from the World Bank (June 1996).

### **Community Support Systems**

- < Regional Strategic plan developed in a workshop for community support at the regional level (February 1994). This plan led to the development of the trilogy: *Community-based Breastfeeding Support*.
- < Provided rationale and technical assistance to develop a strategic plan for community support in breastfeeding at a national workshop in Bolivia (May 1995). Follow-up planned for late FY'96.
- < Strategic focus on community support in national plans in the Dominican Republic (June 1994) and Nicaragua (December 1994), developed from *Guidelines*.

### **Institutional Strengthening**

- < Technical assistance to modify infant feeding indicators in the Perinatal and Child's HIS [Sistema Informática Perinatal (SIP) and Sistema Informatica del Niño (SIN)] developed by CLAP and utilized by the majority of Latin American countries and in the software package and instructions given to countries.
- < Development of Guidelines for National Planning workshops and Code Monitoring training workshops. Guidelines for breastfeeding support at the local health system level (SILOS) incorporated into a PAHO document on local health systems.
- < Formation of a group of fifteen field advisors through a strategic planning workshop in Montevideo, Uruguay (May/June 1994). This workshop led to the development of a plan of action based on the *Guidelines*. The advisors have incorporated the guidelines and the strategic planning approach into their technical support of organizations and countries.
- < Technical assistance and use of PRAIL Strategic Guidelines to develop a Latin American e-mail breastfeeding network (Lacmat-I) among health professionals and others working in breastfeeding promotion, protection, and support.
- < Extension and regionalization of the Electronic Breastfeeding Information Network with over 100 members in approximately sixteen Spanish-speaking countries.

- < Support for the development of the Wellstart Institutional Strengthening Initiative that was initiated in Honduras in May 1996 with participants from MOH and NGO health sector and community training centers in Latin America. The Strategic Planning focus developed through the PRAIL initiative has been an integral part of this activity.
- < The MADLAC exit survey for monitoring hospital practices in Honduras has been disseminated through the electronic mail network to Argentina, Bolivia, Chile, Perú, Puerto Rico, Venezuela, and Uruguay, to be used and adapted in those countries.
- < Developed a partnership with PAHO in the coordination of activities. Joint support for the field coordinator and technical advisor (1994-5). This has led to an increase of interest in integrating breastfeeding promotion, protection and support into country actions in PAHO country offices and in CLAP.

### ***Training***

- < Improved coordination for the strategic recruitment and selection of Spanish language participants in Wellstart's LME Program.
- < Improved coordination for the implementation of two sub-regional workshops in LAC on pre-service curriculum, including follow-on activities.
- < Technical assistance in the design of module on breastfeeding for the Regional Course in Perinatal Technologies offered by CLAP/PAHO.
- < Inclusion of a breastfeeding module in the *Growth and Development Guide* prepared by CLAP.

### ***Documents Available on PRAIL Activities***

- < Strategic Guidelines for the Regional Plan of Integrated Actions to Promote, Protect, and Support Breastfeeding in Latin America and the Caribbean



***Short-term Technical Assistance  
in Latin America and the Caribbean***

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Wellstart LME has been working with Wellstart Associates in Bolivia since 1986. Over the years this relationship has flourished and the group of seventeen Bolivian Associates has established itself as an essential resource for breastfeeding promotion, protection, and support in Bolivia entitled Centro de Apoyo a la Lactancia Materna (COTALMA), the Technical Center for Support of Breastfeeding.

A proposal has been generated by this group to establish a national training center for lactation management as part of a more comprehensive national breastfeeding program. With funding from USAID's Office of Health and Nutrition, an agreement has been made between Wellstart and PROCOSI/COTALMA to provide funds for start-up of the center. A technical assistance trip was provided by LME and the Office of Health and Nutrition to finalize this agreement, work with PROCOSI/COTALMA on center start-up issues including the development of a workplan for year one, and explore options for additional follow-on funding through Title III funds. Since 1993, Wellstart International also has provided support for the Centro de Capacitación y Recursos (Training and Resource Center-CCR).

As part of her Advanced Study Fellowship through LME, Dr. Carmen Casanovas developed an outreach component to the national center plan in 1993. EPB was involved in the review of this component and provided technical input during the process of its development.

Then, in March 1995, Wellstart staff Janine Schooley and Judy Canahuati met with CCR, COTALMA, PROCOSI, PAHO, UNICEF, the National Breastfeeding Commission, and other local groups to discuss possible next steps to strengthen the CCR and to expand work at the community level. As a result of these meetings, the actors involved decided that it would be helpful to develop a strategic plan to work at the community level in breastfeeding and a proposal to extend Wellstart's agreement with PROCOSI/COTALMA to support the CCR was developed.

In June 1995, Wellstart, UNICEF, and PAHO supported a workshop and the visit of two technical consultants to work with a group of Bolivian breastfeeding organizations to initiate work on a national strategy for community level breastfeeding promotion. Thirty-seven participants from nineteen hospitals and community organizations in Bolivia participated in this three-day workshop. During the workshop, EPB community materials and manuals were presented. Participants proposed that the materials be adapted for use in Bolivia and that a training-of-trainers be held to train key personnel on the use of the materials. They were also enthusiastic about initiating community-level breastfeeding promotion and incorporating breastfeeding into their child survival and reproductive health training. They feel that they currently lack the necessary methodology and materials to accomplish this.

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## **Colombia**

The Fullbright Commission received a grant from USAID to support training activities in child survival. Funds support sending local counterparts for international training, providing follow-up support upon their return, and providing any expert technical assistance in-country. The grant covered the costs of sending three teams of Colombian health professionals to Wellstart International's LME course in San Diego.

Upon return to their country in 1993, the most recent group of Wellstart Associates submitted a proposal to the Ministry of Health (MOH), the Office of the First Lady, UNICEF/Colombia and Mr. James Grant,

Executive Director, UNICEF/New York, requesting financial assistance to support a national breastfeeding program and develop an international training center. Responses to the proposal were enthusiastic and all parties pledged their support. Kennedy Hospital, an MOH hospital located in Bogota, donated space to develop the training center.

In addition, the Wellstart Associates began to mobilize other associates nationwide to support breastfeeding activities in Colombia. As part of the Fullbright Commission grant's commitment to provide follow-up support to trainees, a workshop was organized in July 1993 for Wellstart Associates to convene and discuss the idea of creating a formal organization to support breastfeeding activities in the country. These Associates requested technical assistance from EPB to assist them in their formation of an action plan for this organization, also to be supported with Fullbright Commission grant funds. The Fullbright Commission also supported the costs for a technical assistance visit from EPB's Training Advisor to work with the group to develop an action plan to support national breastfeeding activities.

As a result, a workshop was held from October 27-30, 1993 at the Belvedere Hotel located in Bogota. Eighteen Wellstart Associates from several regions in Colombia attended the workshop. The workshop participants wanted to establish an organization of Wellstart Associates that would support national breastfeeding activities. The participants agreed that the organization should be able to receive funding to support breastfeeding activities. Until the organization is fully established and funded, however, the participants decided that they, as members of the organization, would only function as a coordinating technical group. The workshop participants developed goals and objectives for each area of support the organization would provide. A workplan was developed and activities delegated to workshop participants. Participants decided to meet again in March 1994 to discuss the progress made to legalize the organization and to implement activities outlined in the action plan.

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## ***El Salvador***

El Salvador has been the scene of considerable breastfeeding promotion activity since 1980. The most important organization involved in the first decades of breastfeeding promotion in El Salvador was Centro de Apoyo a la Lactancia Materna (CALMA—The Center to Support Breastfeeding). In 1991 a National Committee for the Support of Breastfeeding was formed, which included members of CALMA, the MOH, UNICEF, and several PVOs. USAID/El Salvador and the LAC Bureau contributed significant support for breastfeeding activities in 1994. Using micronutrient funds from the LAC Bureau, USAID/El Salvador sent a team of eight Salvadorans from the Ministry of Public Health and Social Assistance (MOH) and two universities to the enroll in the Wellstart LME program by participating in the August-September 1994 lactation management course, which brought the total of Wellstart Associates enrolled in the program to 23. They also provided Wellstart LME with funding for follow-up activities.

In September 1993, USAID/EL Salvador requested that EPB conduct a breastfeeding assessment to be integrated into the nationwide Health Sector Assessment (HSA) conducted prior to the elections in March 1994. The goal was to provide guidance to the new government and international donors in developing a health care strategy. *Breastfeeding in El Salvador: Assessment of Practices and Promotion* was conducted in October 1993 with LAC add-on funding. A summary was incorporated into the HSA, which contained strong recommendations for breastfeeding promotion.

In early 1994, USAID/El Salvador requested an analysis of the economic value of breastfeeding. The LAC bureau funded this analysis as well and requested that EPB field test the modifications to the analytical guide

based on work done in Guatemala by Dr. José Mora of the LAC-HNS project. A companion to the finished analysis is a commentary on the application of the guide, which includes an analysis of Dr. Mora's recommendations and additional suggestions. The economic analysis showed that the current net value of breastfeeding to the public sector alone was over two million dollars and could be increased by over \$600,000 if the current rates of exclusive breastfeeding were met. The breastfeeding assessment and the *Analysis of the Economic Value of Breastfeeding* were extensively reviewed, finalized, translated into Spanish, and distributed to USAID, CALMA, and the MOH.

EPB provided technical assistance through a subcontract with The Manoff Group to the MOH to develop counseling cards as part of the communication strategy for the breastfeeding education component of the National Nutrition Program. These counseling cards will be adapted for use in other countries and regions.

EPB began to provide technical assistance in March 1995 to the MOH's Department of Nutrition in its efforts to develop and implement a national breastfeeding promotion program to improve breastfeeding practices. This work was done in coordination with the national Breastfeeding Steering Committee and the MOH's Reproductive Health Division, which manages the BFHI.

The educational materials being developed with Wellstart technical assistance constitute one component of the MOH's National Nutrition Education Program and will be incorporated into a larger, integrated training strategy developed and supported by the World Bank and UNICEF. These materials, which were developed during technical assistance visits in March and June 1995, include: 1) a logo; 2) a bulletin; 3) an educational guide for health workers and other development workers from the department level to the community; 4) a poster for hospitals encouraging immediate breastfeeding; 5) a reminder sheet; and, 6) a radio mini-program and spots. In 1996, through Manoff, EPB provided technical assistance to pre-test the counseling cards for use by nutrition counselors, health workers, and/or health promoters. The World Bank and UNICEF will be responsible for subsequent activities related to these educational materials.

EPB provided technical assistance, at the request of MOH, to coordinate and conduct a theoretical/practical course in June 1995 for MOH health personnel involved in breastfeeding. The Lactation Management Curriculum developed in Honduras was utilized during this course.

EPB and LME coordinated LME follow-up activities in El Salvador for 1995, which included a clinical enhancement visit to San Salvador by Dr. Horacio Reyes, Wellstart Associate, and Dr. Wendy Slusser, LME Director of Professional Services, in May 1995 and planning for a site visit to San Pedro Sula, Honduras in Summer 1995 by Associate representatives from the MOH, various universities, and CALMA.

### ***Documents Available on EPB Activities in El Salvador***

- < An Analysis of the Economic Value of Breastfeeding in El Salvador
- < Application of the "Guide to Assessing the Economic Value of Breastfeeding" in El Salvador and Suggestions for Future Modifications to the Guide
- < Breastfeeding in El Salvador: Assessment of Practices and Promotion

Since 1949, the Institute for Nutrition in Central America and Panama (INCAP), a regional research and teaching institution located in Guatemala City, Guatemala, has worked in health and nutrition in Central America, Panama, and, most recently, Belize, under the sponsorship of a number of international donors. As part of its efforts to improve child nutrition and health, it has long promoted breastfeeding, and is a WHO collaborating center.

One goal of an add-on from the LAC Bureau received by EPB in April 1992 was to strengthen INCAP's institutional capacity to implement social marketing programs to promote breastfeeding. Unfortunately, despite intense work by all parties, the project was not implemented. Because of delays in project development and changes in administrative requirements, INCAP felt it could not complete the project in the time remaining.

In November 1992, however, EPB, in collaboration with La Liga de la Leche Materna de Guatemala (LLL/G) and IRH, sponsored a regional mother-to-mother support conference in Guatemala, bringing together mother-to-mother support groups from 22 countries as well as representatives from several MOH. Several needs related to community outreach were expressed at the conference, including the need for: institutional strengthening to enable ministries to extend their service delivery into their communities; knowledge of community support alternatives; and, guidelines to implement outreach efforts. A concept paper and workplan were developed and the LAC Bureau provided funds to implement the workshop recommendations.

EPB, USAID, and La Leche League International (LLL/I) were able to provide assistance at the end of FY'93 to assess the organizational development needs of three local La Leche League groups in Mexico, Honduras, and Guatemala. The assessment determined that none of the three groups was ready to provide international training in community-based support without additional assistance for institutional development at the community level. It did, however, provide guidance on the shape of EPB's outreach program and identify the following needs for community outreach in Latin America:

- < integration of community breastfeeding volunteers into ongoing public health outreach activities;
- < program managers' guidelines on how to develop, supervise, evaluate, and sustain community work in breastfeeding support and how to integrate it with other programs;
- < written guidelines for community breastfeeding support activities in the areas of training, monitoring, and supervision;
- < a written community-level training curriculum; and,
- < institutional strengthening of local community NGOs to improve their capacity to train and carry out community outreach work.

While EPB was unable to directly fund community-based activities in Guatemala through INCAP because of lack of USAID Mission interest, funding provided by the project for the assessment mentioned above helped LLL/G to continue to supervise previously-trained breastfeeding counselors since its primary source of funding (Child Survival Grant) had ended in 1992. A recent evaluation of the sustainability of LLL/G, supported by BASICS, showed that counselors trained prior to 1992 were still quite involved in infant feeding support activities. Counselors continued to hold informal counseling sessions with mothers, make home visits, and give referrals to women for health services.

In addition, in early FY'95 Sandy Huffman and Judith Rosenberg, EPB consultants, provided informal technical assistance on outreach, monitoring and supervision, program planning, and institutional

strengthening to in-country counterparts at LLL/G. This was made possible through several visits to Guatemala to develop two volumes of EPB's *Community-based Breastfeeding Support Trilogy: A Planning Manual* and *A Guide for Trainers and Supervisors*.

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## Peru

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Despite high initiation and continuation rates of breastfeeding, the median duration of exclusive breastfeeding for Peru as a whole was only 2.1 months in 1991 (DHS, MACRO). DHS results indicate high use of liquids other than water, milk, or juice among infants 0-3.9 months of age. Most of the other liquids are herbal teas. Over 80% of those receiving liquids other than breast milk at this young age were fed by bottle.<sup>1</sup>

Several teams from Peru are participating in the LME program, with the most active representing the Cayetano Heredia University and the National Training Center. There are currently a total of ten LME Associates in Peru.

EPB began working in Peru in 1992, when it conducted an assessment of infant feeding practices. The findings from the assessment were disseminated at a national planning conference. The level of interest generated by the assessment and the debriefing workshop led EPB to sponsor five additional regional assessment debriefing and breastfeeding planning workshops.

Information on mother's beliefs about infant feeding practices in Peru is necessary to enhance the quality of many of the activities being carried out by USAID, UNICEF, the World Bank and other organizations. In 1994 and 1995 EPB funded additional analyses of data from a WHO-supported community based breastfeeding and weaning intervention. The analysis was conducted to further explore maternal attitudes about infant feeding and to determine which intervention messages were effective and which were not effective in changing behavior at the community level. Analysis of these data permitted the development of specific recommendations to give more precise and appropriate messages with respect to the promotion of exclusive breastfeeding and improved weaning practices in the community. Findings were shared widely and strategically, and may be used to design communications and training activities at community and hospital levels.

A research project in Peru entitled "Breastfeeding Beyond Twelve Months: Who Decides, Who Benefits?" (Principal Investigator Dr. Kathleen Rasmussen) was funded through the EPB Competitive Grants program. This research used a mixed-methods approach to address the question of the effect of breastfeeding duration on infant nutritional status.

The conclusions, in summary, indicate that the negative association noted between breastfeeding and growth in children with poor dietary and health conditions can be explained as follows: mothers evaluated children's nutritional status, health, and dietary intakes and continued to breastfeed those children in the poorest condition. As a result, there appears to be an increase in the proportion of malnourished children in the breastfed group because healthy children were weaned earlier. Inasmuch as mothers recognized weaning as traumatic for the child, interventions should emphasize maternal health during lactation, which—if adequately maintained—will support continued breastfeeding in the second year of life. Breastfeeding in this community continues to have an important positive role in child health after the first year of life and should be promoted. Findings from this study are available through the EPB program.

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<sup>1</sup>Wellstart International, *Assessment of Breastfeeding in Peru*, April 1992.

EPB supported improved education and training of nurse-midwifery students in the area of LAM, lactation management, and counseling. The Population Council, working under its subcontract with EPB, trained midwifery faculty members of selected schools and worked with them to develop curricula on these topics. Midwifery faculty will now use this revised curricula to train their students, who will then use the skills learned to counsel post-partum mothers during their clinical practice in hospitals.

***Documents Available on EPB Activities in Peru***

- <      Assessment of Infant Feeding in Peru
- <      A Community Intervention to Improve Infant Feeding Practices in Peru: Secondary Analysis and Dissemination for Application to Programs

***Annex 1***  
***EPB Organizational Chart***

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***Annex 2***  
***EPB Publications List***

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## Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program Publication List and Order Form

The following publications are available from Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program. EPB's funding does not allow for widespread distribution of these documents free of charge. EPB is happy to provide a single copy of any single document free of charge. In addition, developing country (USAID-designated) nationals can receive up to ten documents (i.e. ten copies of one document or one copy of ten documents) without charge. Please add shipping and handling charges listed on the order form and make checks payable to Wellstart International in U.S. currency. Some documents are available in languages other than English as indicated (E=English, S=Spanish, F=French, R=Russian, and P=Portuguese).

### Final Report

- E • **EPB Program Final Report (1991-96).** EPB, November 1996. A summary of the five-year EPB Program including lessons learned and recommendations for future breastfeeding promotion efforts. Does not include individual country summaries. 24 p. Free. **FR01**

### Policy & Technical Monographs

#### *General Information on Breastfeeding, including the Benefits of Breastfeeding*

- E R • **Breastfeeding is Remarkable.** EPB. An overview of the benefits of breastfeeding, with a description of what can be done to increase optimal infant feeding. 6 p. Free. **PT01**
- E S F R • **Breastfeeding & the Environment.** EPB. This paper describes why breastfeeding is environmentally-friendly and prevents damage to the earth. 4 p. Free. **PT02**
- E • **Breastfeeding: A Natural Resource for Food Security.** Huffman S, Rasmusson E, Newman V, and O'Gara C. EPB, 1992. A document that discusses how breastfeeding improves household food security, saves money, spaces births, prevents micronutrient deficiencies, and prevents infectious diseases. 27 p. \$5.00. **PT03**
- E S F R • **Executive Summary.** A summary of the above paper. 2 p. Free. **PT04**
- E • **Breastfeeding: It's Good Food Policy.** EPB. A one-page summary describing the benefits of breastfeeding for families and the environment. 1 p. Free. **PT05**
- E S F • **Breastfeeding: Protecting a Natural Resource.** Labbok M, Murphy E, and Koniz-Booher P, with Coly S and Cooney K. Georgetown University Institute for Reproductive Health, 1995. An informative, polished presentation of breastfeeding, designed for family planning and breastfeeding advocates and policy makers. 28 p. \$5.00. **PT07**
- E S F • **Breastfeeding Saves Lives: The Impact of Breastfeeding on Infant Survival, Second Edition.** Nurture and Georgetown University Institute for Reproductive Health, July 1996. This updated booklet discusses breastfeeding's profound impact on infant deaths, particularly as it compares to other child survival interventions and its potential to save even more lives. 12 p. \$3.50. **PT08**
- E • **Optimal Breastfeeding Practices.** Nurture, 1996. Outlines the recommended practices based on evidence from research on the properties of breastmilk and breastfeeding's benefits to mothers and their children. 2 p. Free. **PT09**



- E**
- **Promotion of Exclusive Breastfeeding: A Review of Experience from the Field.** Baker J. Nurture Malnutrition, 1996. A review of eight research studies conducted to determine if breastfeeding promotion increases exclusive breastfeeding rates. 12 p. Free. **PT10**



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### *Lessons Learned/Meeting Reports*

- E • **Breastfeeding: Past, Present, and Future Meeting Summary Report.** Baker J. EPB, 1996. A summary of the EPB “Lessons Learned” meeting that discusses EPB’s accomplishments, which breastfeeding promotion strategies work best, and implications for future breastfeeding promotion efforts. 12 p. Free. **PT11**
- E • **Breastfeeding: Promoting Links for Life.** Soisson LA. EPB, 1996. A summary of EPB’s final dissemination workshop of the same name outlines presentations and discussions that took place during the three-day meeting on covering the following sessions: *Working and Breastfeeding*; *Breastfeeding in the Community*; *Monitoring and Evaluation*; *Breastfeeding in Emergency Situations*; and, *National Breastfeeding Programs: Exploring Successful Strategies*. 29 p. Free. **PT12**
- E • **Nurturing Our Communities: Lessons Learned in Community Outreach in the Latin America and Caribbean Region.** Canahuati J and Martin L. EPB, August 1996. 8 p. Free. **PT13**

### *Breastfeeding and Women’s Work*

- E • **Reproductive Rights: The Right to Breastfeed.** Nurture and EPB. An overview of the medical benefits breastfeeding provides to both mother and baby. 2 p. Free. **PT20**
- E • **The Mother-Friendly Workplace.** Nurture and EPB. An informative pamphlet that describes why women have a right to choose breastfeeding, as well as what elements make up a mother-friendly workplace. 2 p. Free. **PT21**
- E • **Every Mother is a Working Mother: Breastfeeding and Women’s Work.** O’Gara C, Canahuati J, and Martin A. EPB. This publication discusses how to combine work and breastfeeding successfully. 8 p. \$2.00. **PT22**
- E S • **Breastfeeding is a Feminist Issue: Women have a Right to Choose Breastfeeding.** Nurture and EPB. This brochure, written for the Fourth World Conference on Women, advocates that women should not have to choose between work and breastfeeding. 6 p. \$1.00. **PT23**
- E • **Is Your Workplace Mother-Friendly?** Mahone, S. Nurture, 1996. This piece, drafted to accompany the working women video below, discusses the three essential elements (time, space, and support) of a mother-friendly workplace. 4 p. Free. **PT24**

### *Environmental Contaminants in Breastmilk*

- E R • **Environmental Contaminants and their Significance for Breastfeeding in the Central Asian Republics.** Lederman S and Martin L. Nurture and EPB, 1993. A review of literature about breastmilk contamination in the Central Asian Republics. 39 p. \$5.00 **PT30**
- E • **Environmental Contamination and Breastfeeding in Kazakstan.** Lutter CK, Iyengar V, Barnes R, Chuvakova T, Kazbekova G, and Sharmanov T. EPB, Biomineral Sciences International, Inc., University of Massachusetts/Amherst, Ministry of Health/Kazakstan, and Institute of Nutrition/Kazakstan National Academy of Sciences, July 1996. This report contains the results and analysis of EPB’s research in Kazakstan on environmental contamination of breastmilk. 15 p. \$2.00. **PT31**
- E • **Kazakstan Breastmilk Study: A Technical Summary.** Summary of the above paper. 7 p. Free. **PT32**
- E R • **Kazakstan Breastmilk Study: Full Final Report.** Expanded report and results of the study. 50 p. \$3.00. **PT33**

### *Expression and Storage of Breastmilk*

- E • **Breastmilk Storage: Review of Literature and Recommendations for Research Needs.** Hamosh M. EPB, 1994. This review assesses guidelines for the collection, storage, and feeding of human milk to healthy full-term infants. 30 p. \$4.00. **PT40**
- E • **Breastmilk Expression, Storage, and Feeding: A Literature Review.** Minchin M, Fernandez A, and Drane D. EPB, 1994. A literature review about the expression, storage, and feeding of breastmilk by women in developing countries. 63 p. \$6.00. **PT41**

### *Breastfeeding and HIV/AIDS*

- E S F • **Breastfeeding and HIV: Making an Informed Choice.** Martin A, Cochran D. EPB, 1996. A fact sheet for health professionals that expands on the 1992 WHO consensus statement and discusses breastfeeding options for mothers that have tested HIV positive. 2 p. Free. **PT50**
- E • **HIV-1 Transmission and Infant Feeding: An Annotated Bibliography with Research Articles.** Anyaoku N, Krasovec K, and Lutter C. EPB, 1996. A compilation of articles written on HIV and breastfeeding accompanied by short bibliographies/summaries of each article with a summary of research findings. \$20.00. **PT51**
- E • **An Annotated Bibliography.** The above without copies of the research articles. \$5.00. **PT52**
- E • **Summary.** A one-page summary of the above bibliography. 1 p. Free. **PT53**
- E • **HIV and Motherhood. Informed Choice in the Face of Medical Ambiguity: The Example of Breastfeeding.** EPB. A chapter using the case of breastfeeding as an example through which to discuss the issues facing women of reproductive age who are infected with HIV. 25 p. \$3.00. **PT54**

### *Breastfeeding in Emergency Situations*

- E • **Breastfeeding in Emergency Situations.** EPB. A one-page policy reference on infant feeding in emergency and refugee situations. 1 p. Free. **PT60**
- E • **Rapid Assessment of Infant Feeding Practices in Two Rwandan Refugee Camps: A Summary Report.** Lung'aho MS, Clause B, and Butera F. EPB, IRC/Tanzania, and CARE/Tanzania, July 1996. A summary of the assessment of infant feeding practices in two camps for Rwandan refugees in Ngara, Tanzania in December 1995. Also describes factors that may be associated with infant feeding practices and provides recommendations based on the findings. 16p. Free. **PT61**

### *Cost-Effectiveness of Breastfeeding Promotion*

- E S P • **Improving the Cost-Effectiveness of Breastfeeding Promotion in Maternity Services: Summary of the USAID LAC HNS Study in Latin America.** Latin America and Caribbean Health and Nutrition Sustainability (LAC HNS), 1995. This document summarizes the LAC HNS study findings in Brazil, Honduras, and Mexico (1992-1995). The report identifies the current status of breastfeeding services in maternity wards of hospitals serving low-income groups and discusses their cost-effectiveness. 12 p. Free. **PT70**
- E S • **Breastfeeding Promotion: A Cost-Effective Intervention.** EPB and LAC HNS, 1996. A summary of the LAC HNS study, focusing on determining program impacts, costs, and cost-effectiveness, and providing a core set of conclusions from the study. 4 p. Free. **PT71**
- E • **Effectiveness of a Hospital-based Breastfeeding Promotion Program on Exclusive Breastfeeding Among Low-Income Women in Brazil.** Lutter CK, Perez-Escamilla R, Segall A, Sanghvi T, Teruya K, and Wickham C. EPB, University of Connecticut, University of Campinas (Brazil), John Snow International, Hospital Guilherme Alvaro (Brazil), and University of Washington/Seattle. 15 p. \$2.00. **PT72**

### Other Policy and Technical Monographs

- E • **Breastfeeding Advocacy in International Conferences.** Martin L. Nurture, July 1996. An overview of the role of international conferences in promoting breastfeeding and EPB's work in this regard. 8 p. Free. **PT80**
- E • **Guidelines for Preparation and Organization of a National Breastfeeding Policy Workshop.** Waters H. EPB, 1993. These guidelines are intended to assist Ministries of Health and their collaborators in the planning and execution of workshops designed to formulate national policies, to support breastfeeding, and to develop concrete plans to promote breastfeeding. 26 p. \$4.00. **PT81**
- E S • **An Analysis of the Economic Value of Breastfeeding in El Salvador.** Nurture and EPB. This report estimates the costs and savings associated with breastfeeding in El Salvador. 56 p. \$6.00. **PT82**
- E • **Application of the Guide to Assessing the Economic Value of Breastfeeding in El Salvador & Suggestions for Future Modifications to the Guide.** Wong R, Marquez L, Piwoz E, Melendez C, and Huffman S. Nurture and EPB, 1994. This report describes specific aspects of the methodology used in preparing the *Analysis of the Economic Value of Breastfeeding in El Salvador*. 42 p. \$4.00. **PT83**
- E • **Breastfeeding Support to Mothers: Results of a 1992 Survey of NGOs.** Adler M, Huffman S, and Martin L. Nurture, 1994. A profile of Latin American mother support organizations based on a survey of 37 organizations in seventeen countries. 30 p. \$4.00. **PT84**
- E R • **Ukraine Maternity Exit Survey.** EPB and the Ukraine Ministry of Health, 1994. This study gathers basic preliminary information on maternity experiences, breastfeeding, abortion, and family planning in the Ukraine. 21 p. \$5.00. **PT85**

### Assessment Series

These assessments contain compiled information on infant feeding practices intended to lead to the development of programs to increase optimal infant feeding to reduce morbidity, mortality, and malnutrition. Full assessments or summaries are available as follows:

- E • **Peru Assessment.** Ureta N, Reyes L, Sanez N, Kanashiro H, Pinsas A, Bejar C, Sanchez S, Altobelli L, Huffman S, and Rasmusson E. EPB, 1992. 164 p. \$15.00. **AS01**
- E       **Summary.** 20 p. \$5.00. **AS02**
- E S • **El Salvador Assessment.** Betancourt H, Carrasco N, Melendez C, and Huffman S. Nurture and EPB, 1993. 82 p. \$6.00 **AS03**
- E       **Summary.** 17 p. \$4.00. **AS04**
- E • **Cameroon Assessment.** Ministry of Public Health/Cameroon and EPB, 1994. 15 p. \$4.00. **AS05**
- E • **Nigeria Assessment: Oyo, Osun, and Plateau States.** Grange A, Steel A, and Holley-Newsome M. NCCCC Project and EPB, 1994. 22 p. \$3.00. **AS06**
- S • **Nicaragua Assessment.** Navas-Morales G, Lacayo I, Rivera N, Rasmusson E, and Carrasco N. EPB, 1995. 21 p. \$6.00. **AS07**
- E       **Summary.** 22 p. \$5.00. **AS08**
- E F • **Guinea Assessment.** Combest C. EPB, 1995. 16 p. \$3.00. **AS09**
- E F • **Senegal Assessment.** SANAS and EPB, 1995. 32 p. \$3.00. **AS10**
- E • **Rwanda Assessment.** EPB, 1992. 50 p. \$3.00. **AS11**

## Research Series

- E** • **Exclusive Breastfeeding Promotion: A Summary of Findings from EPB's Applied Research Program.** This is a compendium of executive summaries from each of the thirteen research projects funded through EPB's applied research program. Each answers one of the following questions: What policies and programs are best suited to extend the duration of exclusive breastfeeding? Why do some mothers exclusively breastfeed for the recommended length of time while others do not? What constitutes the optimal length of exclusive breastfeeding during infancy? 67 p. Free. **RS01** The full-length reports are also available as follows:

*What policies and programs are best suited to extend the duration of exclusive breastfeeding?*

- E** • **The Effectiveness of Home-based Counseling to Promote Exclusive Breastfeeding Among Mexican Mothers.** Morrow AL, Guerrero ML, Calva JJ, Morrow RC, and Bravo J. Eastern Virginia Medical School, Instituto Nacional de la Nutricion, La Liga de la Leche de Mexico, 1996. 12 p. \$2.00. **RS02**
- E** • **Maternal Employment and Exclusive Breastfeeding in Chile: The Effect of a Breastfeeding Support Program.** Valdes V. Catholic University, 1996. 25 p. \$2.00. **RS03**
- E S** • **Intrapartum Social Support and Exclusive Breastfeeding in Mexico.** Langer A, Campero L, Garcia C, and Reynoso S. The Population Council, National Institute of Public Health/Mexico, and Ministry of Health/Mexico, 1996. 42 p. \$2.00. **RS04**
- E** • **Time Allocation and Infant Feeding Pattern: Women's Work in the Informal Sector in Kampala, Uganda.** Davis P. Johns Hopkins University, May 1996. 60 p. \$2.00 **RS05**

*Why do some mothers exclusively breastfeed for the recommended length of time while others do not?*

- E** • **Early Complementary Feeding: The Role of Social Support Networks.** Mukuria AG, Bentley M, Kogi-Makau W, Caulfield L, and Bandeen-Roche K. Johns Hopkins University, 1996. 35 p. \$2.00 **RS06**
- E** • **A Breastfeeding Culture Without Exclusive Breastfeeding in Lesotho.** Latham M, and Almroth S. Cornell University, 1996. 10 p. \$2.00. **RS07**
- E** • **Extended Breastfeeding and Malnutrition: An Example of Reverse Causality.** Marquis GS, and Rasmussen KM. Cornell University, 1996. 40 p. \$2.00. **RS08**
- E** • **Infant Feeding Practices in Barbados: The Effects of Physical Growth, Home Environment, and Maternal Depression.** Galler JR, Brooks R, Harrison R, and Ramsey F. Boston University School of Medicine, 1996. 30 p. \$2.00. **RS09**
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## Videos

- E S** • **Investing in the Future: Women, Work and Breastfeeding.** EPB, 1995. This video encourages employers to offer the Time, Space, and Support necessary for mothers to sustain breastfeeding while working. The video uses interviews with breastfeeding mothers and managers in five countries (Guatemala, Philippines, Kenya, Brazil, and the U.S.) to show benefits of supporting breastfeeding in the workplace. Accompanying the video are several documents describing use and design of the video and the benefits and qualifications of a mother-friendly workplace. Available in PAL and NTSC formats. 16 min. \$14.50. **V01**

## Social Marketing Materials

- E S F R** • **Breastfeeding Information Sheets.** EPB, 1993. These brightly-colored information sheets are ideal for counseling health care providers on commonly asked questions about breastfeeding, including “What is optimal breastfeeding?” and “How will I know if my newborn is getting enough milk?” The sheets also deal with anticipated breastfeeding problems, including: storage of expressed breastmilk; engorgement, mastitis, abscess, and sore nipples; and insufficient milk. 13 sheets in plastic cover. \$5.00. **SM01**

## Manuals, Guides, and Tools

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- E S F** • **A Planning Manual.** EPB, U.S. Agency for International Development, and Nurture, July 1996. This manual is designed to help managers and planners create new community-based activities in support of breastfeeding, as well as to monitor, expand, or improve the components of existing programs. 206 p. \$20.00. **MG02**
- E S F** • **A Training Curriculum.** Liga de la Lactancia Materna de Honduras and EPB, July 1996. This curriculum contains the information needed to train volunteers and other community-level workers in the fundamentals of breastfeeding management and support, with an integrated approach to maternal and child health and nutrition. 160 p. \$15.00. **MG03**
- E S** • **A Guide for Trainers and Supervisors.** Rosenberg JE, and de Suarez MJJ. EPB, July 1996. This manual provides a detailed discussion of interpersonal counseling and facilitation skills. It also contains sections on implementation of educational and promotional activities in community-based breastfeeding programs. 171 p. \$15.00. **MG04**
- E S F** • **Community-based Breastfeeding Support Trilogy on Diskette (WordPerfect 6.1).** The trilogy is also available on diskette so that it may be adapted to specific needs or situations. (*A Guide for Trainers and Supervisors* is available in English and Spanish only.) \$5.00. **MG04A**
- E F** • **A Guide to Qualitative Research for Improving Breastfeeding Practices.** Favin M, and Baume C. The Manoff Group and EPB, June 1996. This guide describes a process to identify obstacles to optimal breastfeeding, define practically feasible and technically effective interventions to improve breastfeeding practices, and design a strategy for promoting these practices. 166 p. \$15.00. **MG05**
- E S F** • **Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Promotion.** Baker J, Labbok M, Lung’aho M, and Sommerfelt E. EPB, August 1996. This Tool Kit provides program managers with practical methods to facilitate the monitoring and evaluation of breastfeeding programs and practices. 87 p. \$5.00. **MG06**
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## Case Study Reports

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- E • **The Cameroon Breastfeeding Program (1992-1996): A Case Study.** Baye M, Kimbo, E, and Soisson L. EPB, 1996. This case study describes the evolution of the implementation of Cameroon's national breastfeeding promotion program and also documents: national- and provincial-level achievements of the program; inputs and outputs that were involved in implementation; and why results were or were not achieved. The study includes recommendations for further planning and action. 67 p. \$6.00. **CS02**
- E • **National Breastfeeding Counselors Network: Joint Program of the Ministry of Health of Honduras and La Liga de la Lactancia Materna de Honduras: A Case Study.** Ministry of Health/Honduras, La Liga de la Lactancia Materna, EPB, IHSS, and Nurture, 1996. This case study summarizes previous efforts to promote breastfeeding in Honduras, reports on the integration of breastfeeding promotion into the MOH program, discusses the process used to train health professionals and counselors, reports on implementation of the MOH program, supervision efforts, and monitoring and evaluation of the program. 76 p. \$6.00. **CS03**
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## Other Publications

- E • **Infant Health and Feeding Practices in El Progreso and Puerto Cortés, Honduras: Baseline Survey 1995 to Evaluate Community-based Breastfeeding Promotion Activities.** La Liga de la Lactancia Materna de Honduras, EPB, and Nurture, March 1996. 100 p. \$7.00. **OP01**
- E • **Maternal and Child Health Needs in Georgia.** Lloyd S. EPB, 1994. Discusses concerns regarding the health and well-being of mothers and children in Georgia. 27 p. \$4.00. **OP02**
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## **WELLSTART INTERNATIONAL**

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby-Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

### ***International Programs***

Wellstart's Lactation Management Education (LME) Program, funded through USAID/Office of Health and Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 50 countries is developing appropriate in-country model teaching, service, and resource centers and providing training and support within their own institutions, nations, and regions.

Wellstart's Expanded Promotion of Breastfeeding (EPB) Program, funded through USAID/Office of Health and Nutrition, broadened the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts included assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expanded programmatic, social, and biomedical knowledge about breastfeeding.

Wellstart's Egyptian Initiative to Promote Breastfeeding, funded through USAID/Cairo, involves six technical components: Needs Assessment and Planning; Education and Training; Curriculum Development; Community Outreach; Information, Education, and Communication; and, Evaluation and Monitoring. Administrative arrangements will include co-staffing a national and sub-national training and resource center along with the Ministry of Health and Population in close coordination with a large maternal and child health program for Egypt soon to be developed.

### ***National Programs***

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing, and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences, and consultation on programmatic, policy, and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.

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